

Name
in
Full

Daisy Viola Anderson

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Age	Years Months Days
1907	Sept	20	2 10
Sex	Color or Race	white	Birth-place
Female			MD
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Single			
Father's Name	Father's Birthplace		
Jane W. Anderson	MD		
Mother's Maiden Name	Mother's Birthplace		
Florine A. Albaugh	MD		
Name of person giving information	How related to deceased		
Florine Anderson	Mother		

CAUSES OF DEATH

74

How long

How long

Primary

Cerebral abrasion

(7)

14 days

PHYSICIAN
OR CORONER

Immediate

yes.

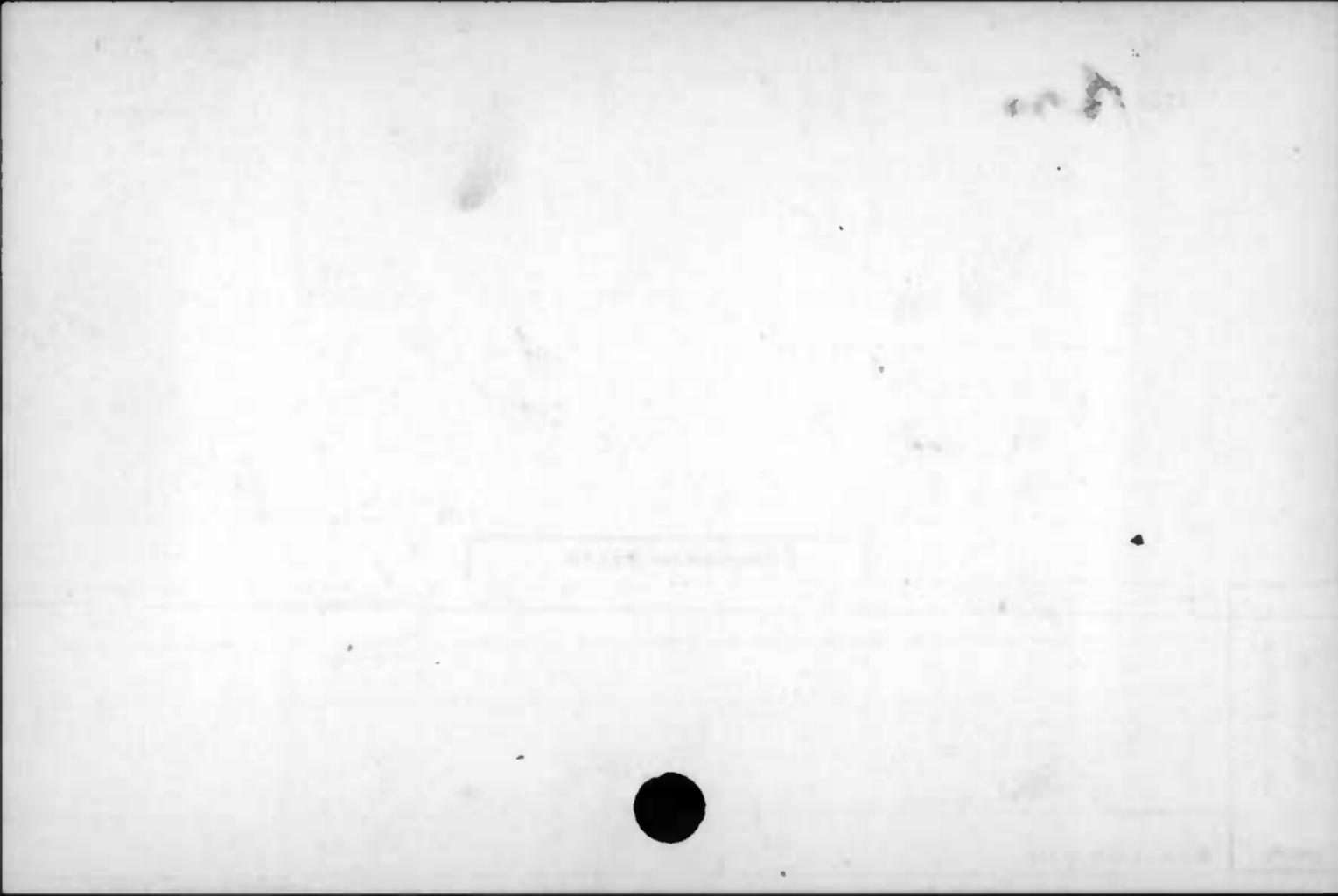
Signature of Physician

Address

Lemir Hart

Broadstreet -
Frederick Co

Accident or Suicide?



Name
in
Full

Carrie Ellen Baker.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Oak Orchard</u>		County <u>Fairfax</u>		MARYLAND		
Date of death <u>1907 Sept.</u>	Month <u>Sept.</u>	Day <u>27</u>	Years <u>21</u>	Months <u>5</u>	Days <u>26</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Where Residing if not at place of death			<u>Oak Orchard.</u>	
Occupation <u>Domestic Help</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				Father's Birthplace <u>Md.</u>	
Father's Name <u>Henry Baker</u>				Mother's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Anna S. Hawn</u>				How related to deceased		
Name of person giving information <u>Clarence Ensor</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Convulsions

70

How long

1 hour.

Immediate

Exhaustion

How long

10 hours.

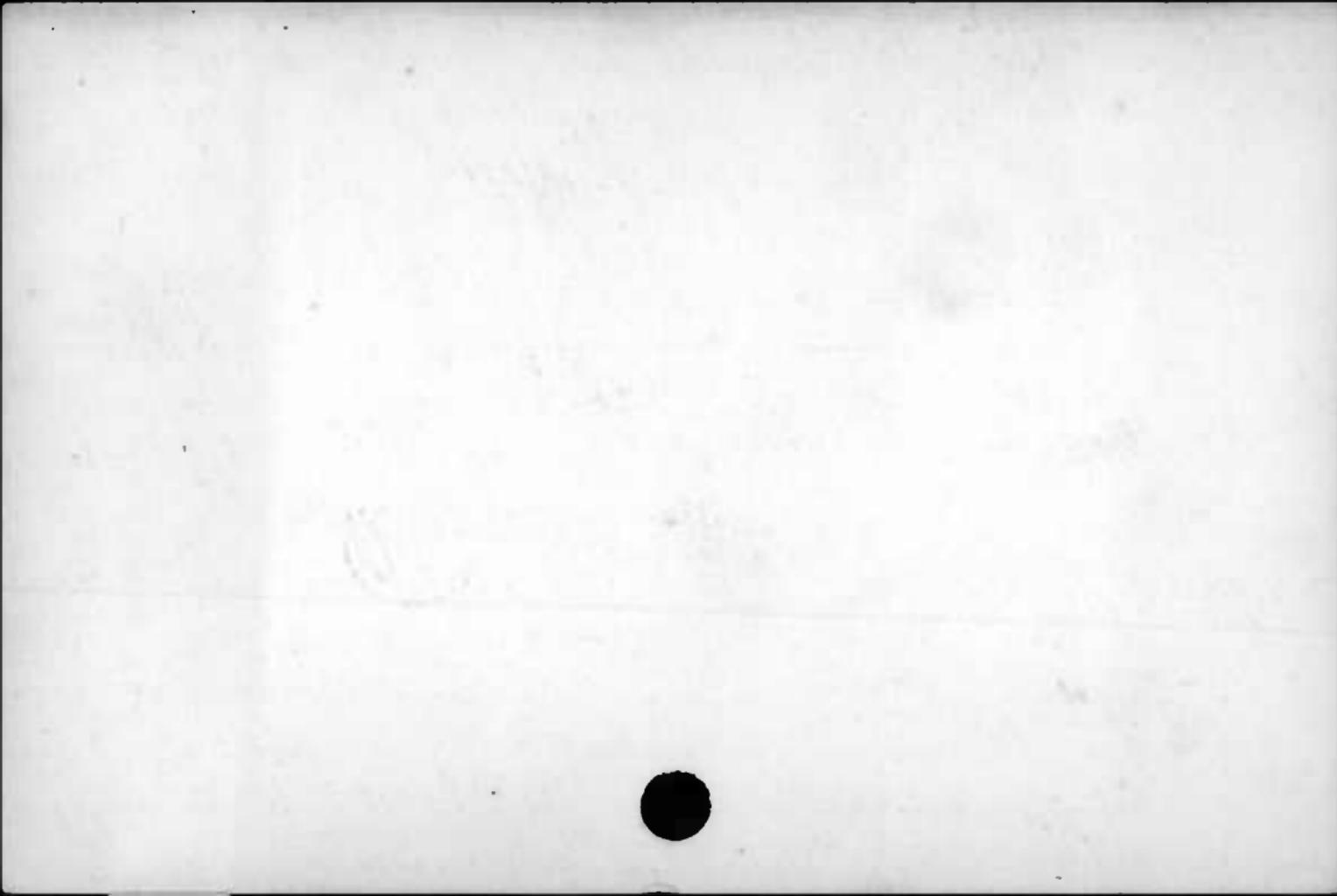
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Hunting Valley
Maryland
Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name				CERTIFICATE OF DEATH			
Died at				Town	County		
Date of death	190	Month	Day	Years	Age	Months	Days
Sex	Male		Color or Race	White		Birth-place	Thurmont Md
Occupation	Laboren		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Mary Ann Stauffer		Father's Birthplace	Frederick Md
Father's Name	Lawrence Baltzell				Mother's Birthplace	Judith Brown	
Mother's Maiden Name	Susan Hall				How related to deceased	Wife	
Name of person giving information	Mrs Jas N. Baltzell				How long	5 years.	

CAUSES OF DEATH

5-4

Primary

Progressive Paroxysmal Cerebrum.

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

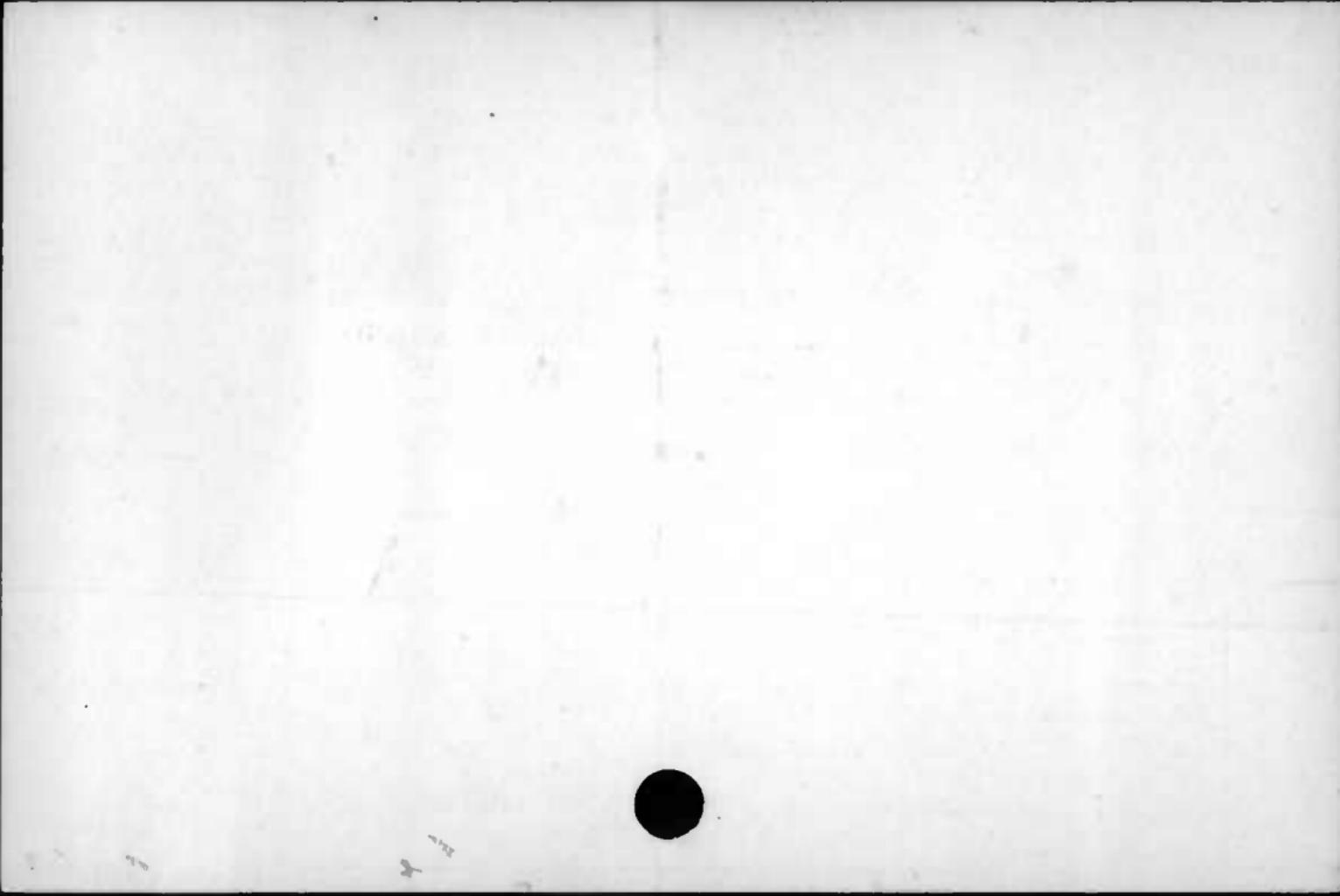
yes

Signature of Physician

Address

E.C. Refauor
Thurmont, Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Maretta Bare					CERTIFICATE OF DEATH		
Died at	Frederick		County	MARYLAND			
Date of death	Month	Day	Years	Months	Days		
Sex	Female		Color or Race	White		Birth-place	
Occupation	Infant		Where Residing if not at place of death				
Married, Single or Widowed	Infant		Name of Wife or Husband				
Father's Name	William Bare		Father's Birthplace	Md.			
Mother's Maiden Name	Euge Knud		Mother's Birthplace	Md.			
Name of person giving Information	Wm. Bare		How related to deceased	Father			
CAUSES OF DEATH							
Primary	Hypersens.						
Immediate	Convulsions						
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician						
Address	Frank Hedges						
Accident or Suicide?	Frederick						



Name
in
Full

Washington E. Beall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Libertytown	Fairfax	Months	Days
Date of death	1907	Month Sept	Day 9	Years 81
Sex	Male	Color or Race	White	Birth-place
Occupation	Mason	Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Jane Beall,	
Father's Name	Enoch Beall	Father's Birthplace Rockville.		
Mother's Maiden Name	Susanna Anna Bowhau	Mother's Birthplace Libertytown.		
Name of person giving information	Ira H. Beall, M.D.	How related to deceased Son		

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

6 yrs.

Immediate

Complications

How long

3 weeks.

Are the name, age, sex, color, date and place correctly given above?

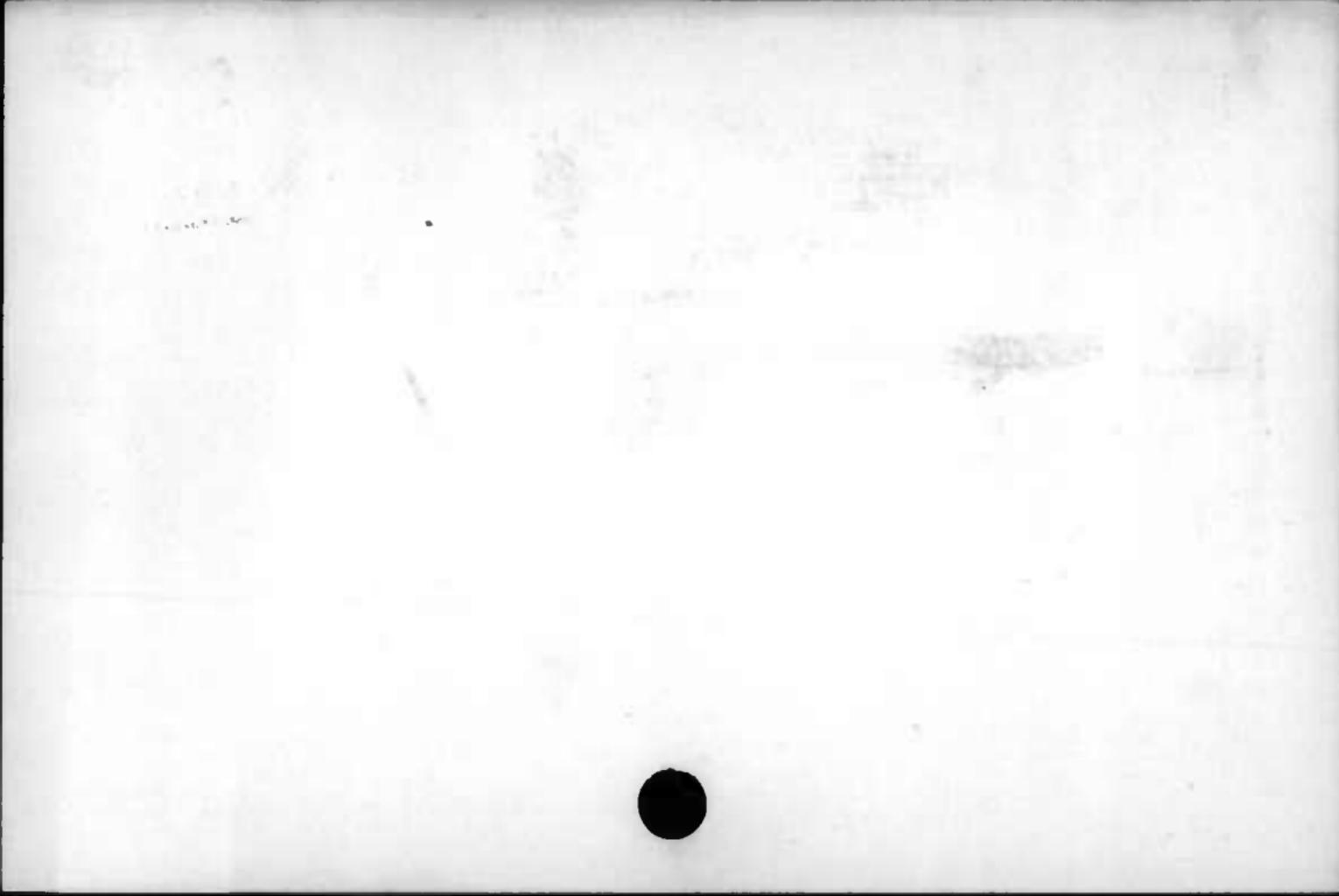
Yes

Signature of Physician

Address

Ira H. Beall, M.D.
Libertytown, Md.

Accident or Suicide?



Name
in
Full

Geo St. Biddinger.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			
Woodsboro	Bard				
Date of death	Month	Day	Years	Months	Days
1907	9	9	49	7	2
Sex	Male	Color or Race	White	Birth-place	near Takomahville
Occupation	Farmwork	Where Residing If not at place of death	Woodsboro, Fred Co., Md.		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary E. Biddinger		
Father's Name	David Biddinger			Father's Birthplace	Fred Co., Md.
Mother's Maiden Name	Mary Harris			Mother's Birthplace	Fred Co., Md.
Name of person giving Information	Elmer D. Colbran, Brother-in-Law			How related to deceased	Brother-in-law.

CAUSES OF DEATH

(1)

How long

6 months

How long

3 weeks.

PHYSICIAN
OR CORONER

Primary

Typhoid & after effect,

Immediate

Typhoid Fever

Are the name, age, sex, color, date
and place correctly given above?

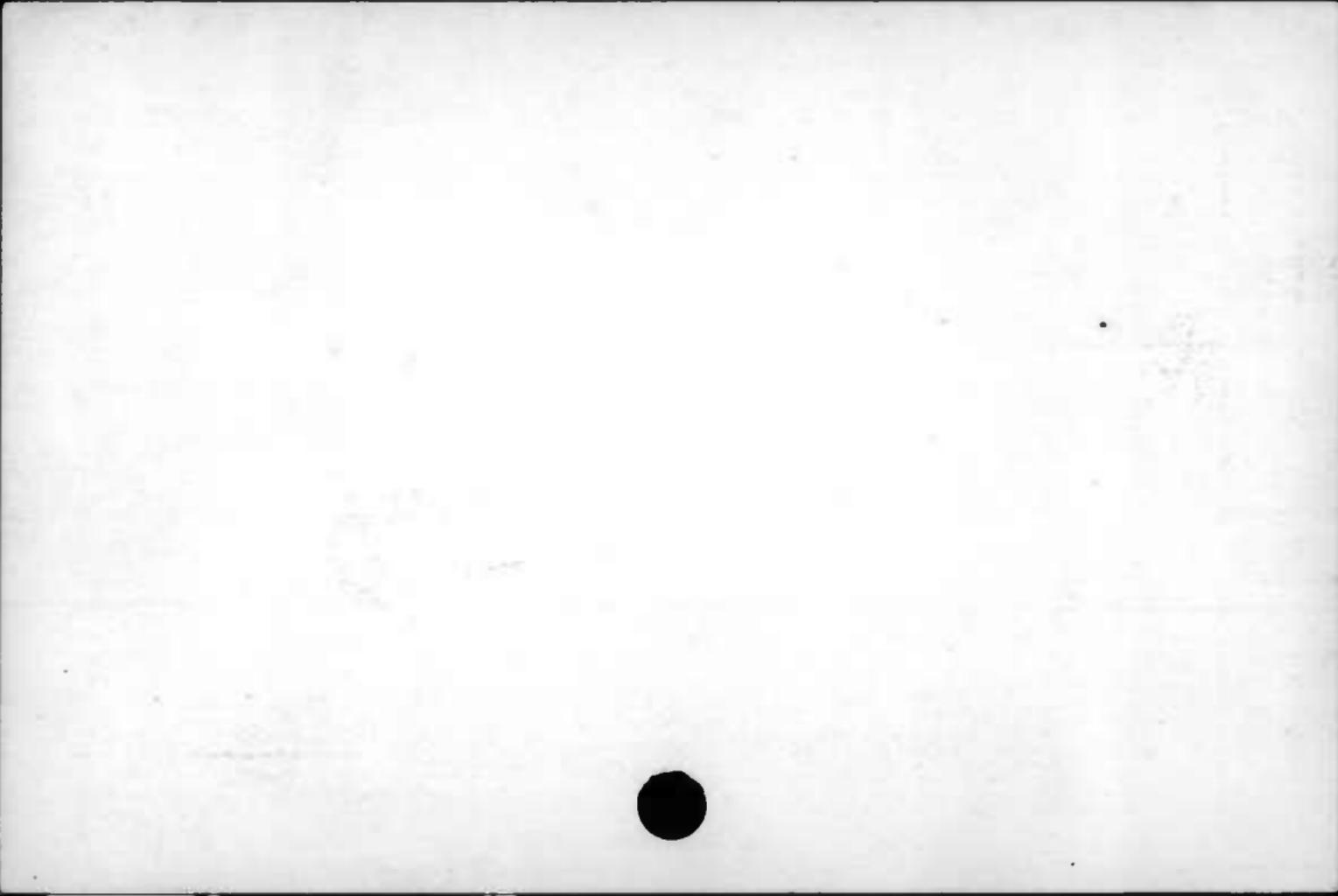
yes

Signature of
Physician

Address

J. H. Sable,
Woodsboro, Md.

Accident or Suicide?



Name
in
Full

Joseph R. Boyle

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name	Mary Holden	Mary Holden	Mother's Birthplace
Name of person giving information	Mary Boyle	How related to deceased	Mother
CAUSES OF DEATH			
Primary	Pulmonary tuberculosis	How long	8 months
Immediate	'Cardiac Failure'	How long	2 weeks.

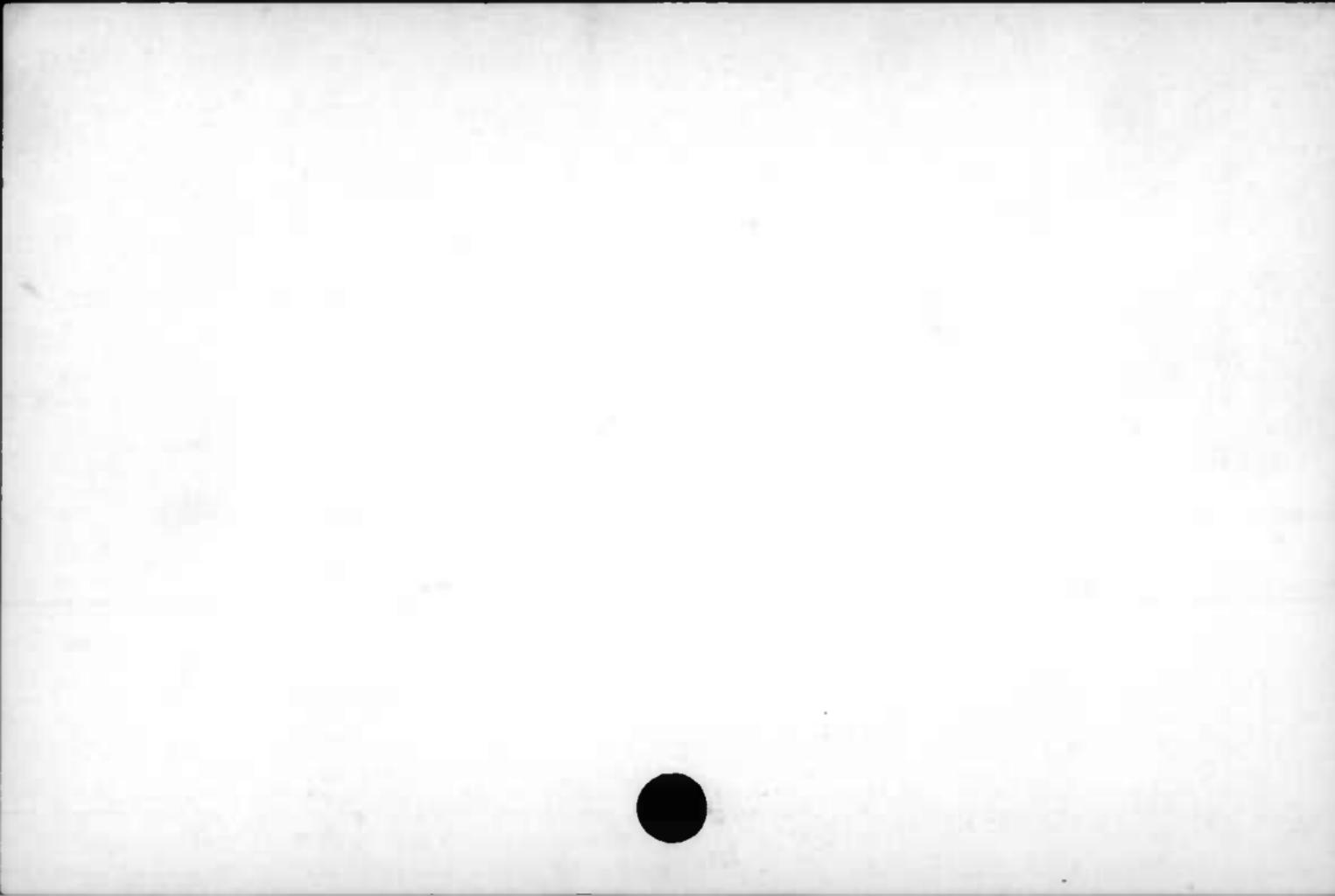
27

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Jacob Bagomie				CERTIFICATE OF DEATH		
Died at Montpelier Hops		Town		County		MARYLAND
Date of death 1907	Month Sept	Day 26	Age 49	Years	Months	Days
Sex male	Color or Race white	Birthplace Frederick, Md.				
Occupation Farmer	Where Residing if not at place of death Residing at home					
Married, Single or Widowed single	Name of Wife or Husband					
Father's Name unknown	Father's Birthplace unknown					
Mother's Maiden Name unknown	Mother's Birthplace unknown					
Name of person giving information Hospital records	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hypertension

179

How long

Immediate

Exhaustion

3 mo

Are the name, age, sex, color, date and place correctly given above?

yes

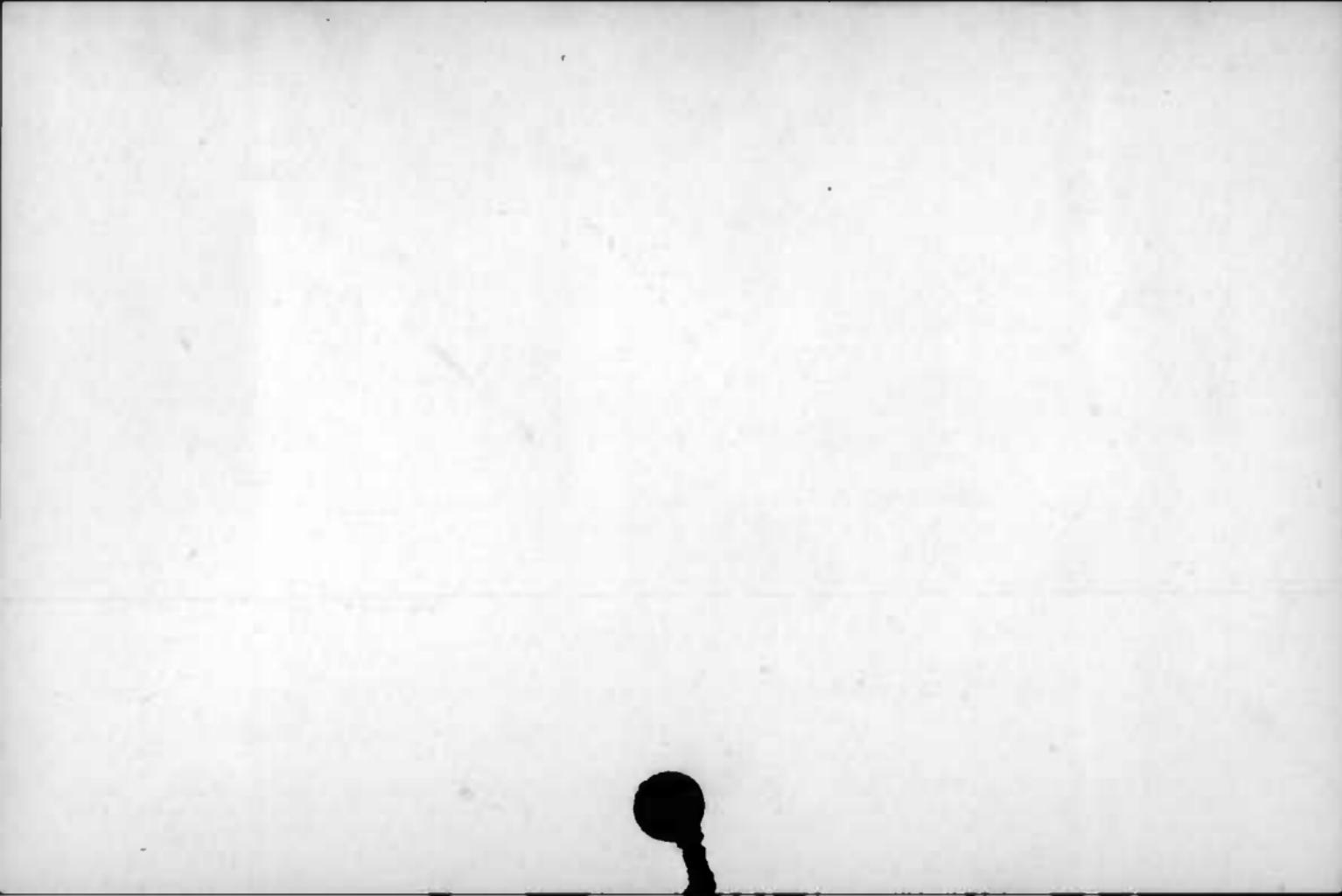
Signature of Physician

Address

R. S. Lyson.

Fredrick,
Md

Accident or Suicide?



Name
in
Full

GEO. W. Carson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Carson		
Father's Name	Charles Carson			
Mother's Maiden Name	Rebecca Shipley	unknown		
Name of person giving information	Howard Blackem	How related to deceased		

CAUSES OF DEATH

179

How long

How long

PHYSICIAN
OR CORONER

Primary

General debility

Immediate

Are the name, age, sex, color, date and place correctly given above?

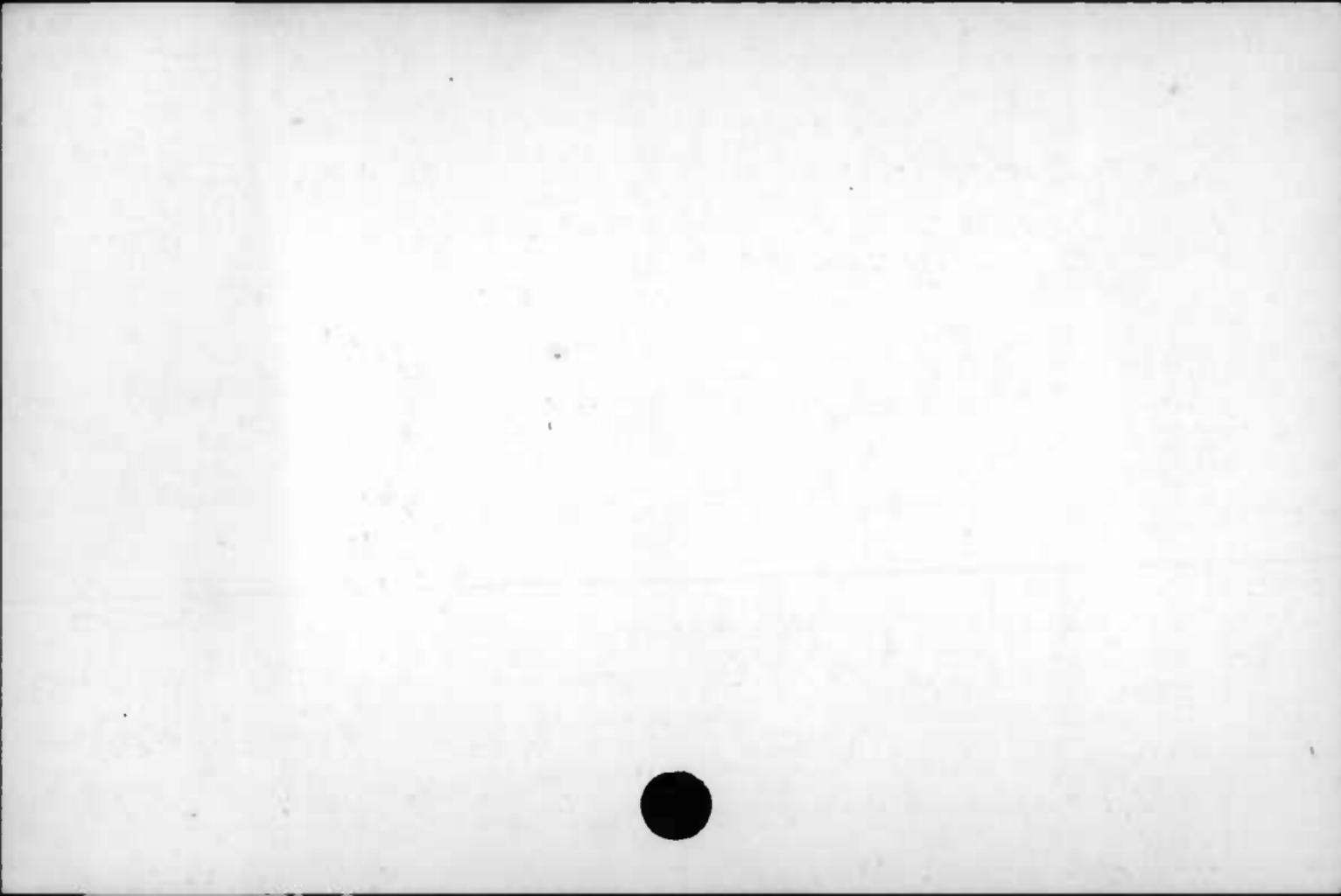
yes

Signature of Physician

Address

Dr. Ida E. Whitehead
New Windsor
Md

Accident or Suicide?



Name
in
Full

Franklin Ralph Collier
Graham Medierick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died et Date of death 1907	Town Month Sept	Day 34	Years	Months 9	Days 22
Sex Male	Color or Race White	Birthplace Graham and			
Occupation 2	Where Residing if not at place of death 4				
Married, Single or Widowed Single	Name of Wife or Husband ✓	Father's Name Franklin Collier	Father's Birthplace Graham and		
Mother's Maiden Name Martha Miller		Mother's Birthplace Graham and			
Name of person giving Information Franklin Collier		How related to deceased Father.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Influenza

(6)

How long

2 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

E. C. Kefauver
Thermont, Md.

Accident or Suicide?

~~18th~~ ~~1900~~
~~1900 - 14~~
~~1907~~
~~1907~~

Name
in
Full

Elanore Hamilton Cooley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

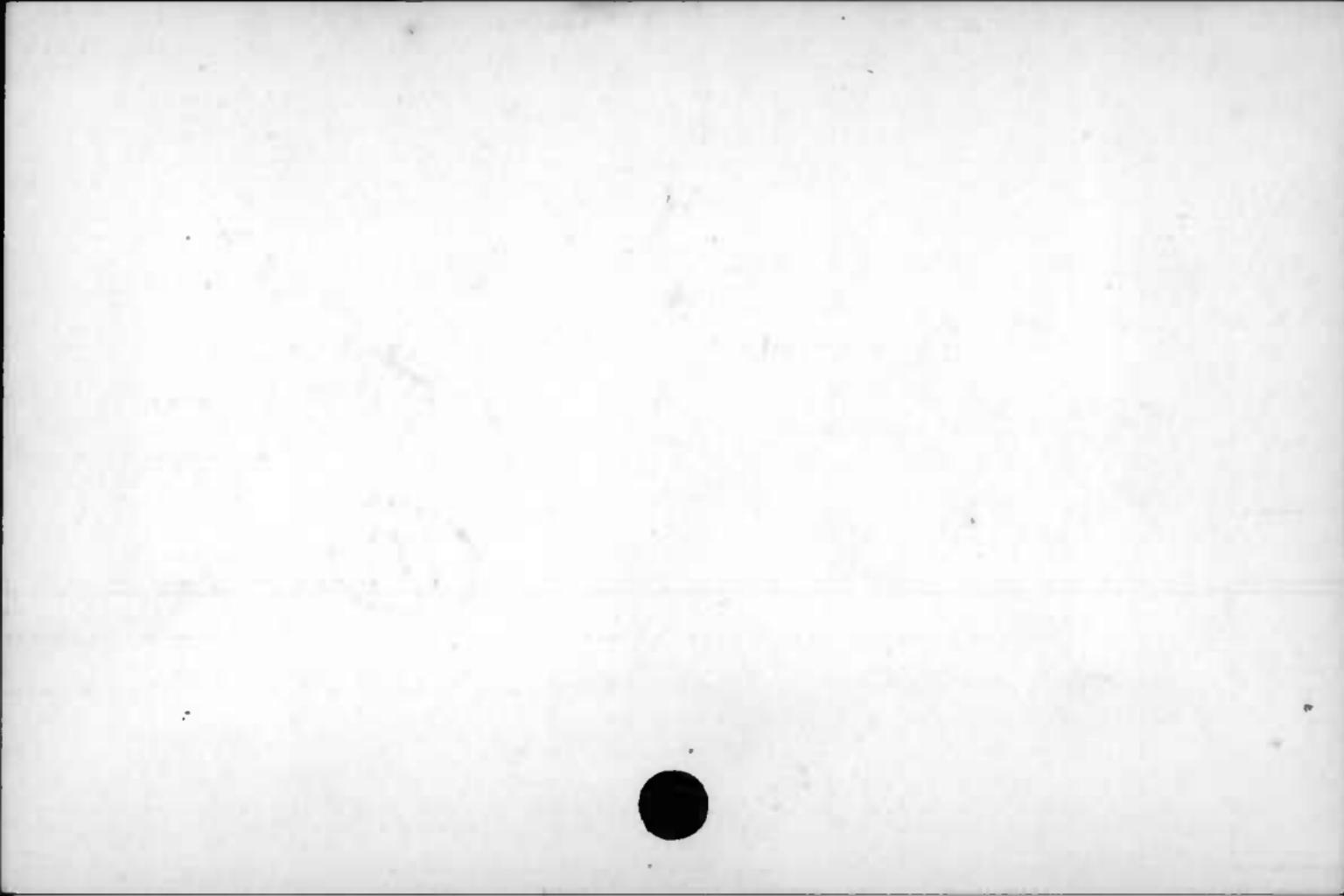
Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1907	Sept	10	Age 15
Sex	Color or Race	Birth-place	Days
Female	Black	Liberty	23
Occupation	Where Residing if not at place of death		
Farm-Hand			
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Maryland
Single	Perry F. Cooley	Perry F. Cooley	Perry F. Cooley
Mother's Maiden Name	Emma Little	Mother's Birthplace	Perry F. Cooley
Name of person giving information	Perry F. Cooley	How related to deceased	Father

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	Acute Nephritis.		
Immediate	Uraemic Poison		
Are the name, age, sex, color, date and place correctly given above?	4 yrs	Signature of Physician	Jas. C. Sappuglio M.D.
		Address	Libertytown Md.
Accident or Suicide?			



Name
in
Full

Jas J Bradshers

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Braddock</u> .		Town	County <u>Frederick</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>9</u>	Day <u>1</u>	Age	Years	Months <u>4</u>	Days <u>23</u>
Sex <u>Male</u>	Color or Race <u>White</u>			Birthplace <u>Washington DC.</u>		
Occupation <u>X</u>		Where Residing if not at place of death <u>Washington DC.</u>				
Married, Single or Widowed <u>X</u>	Name of Wife or Husband <u>X</u>					
Father's Name <u>Wm J Bradshers</u>			Father's Birthplace <u>Calvert Md</u>			
Mother's Maiden Name <u>Daisy Burger</u>			Mother's Birthplace <u>Frederick</u>			
Name of person giving information <u>Wm J Bradshers</u>			How related to deceased <u>Father</u>			

CAUSES OF DEATH

(105)

Primary Enteric Clefted Convulsions How long 7 days
Immediate 1 hour

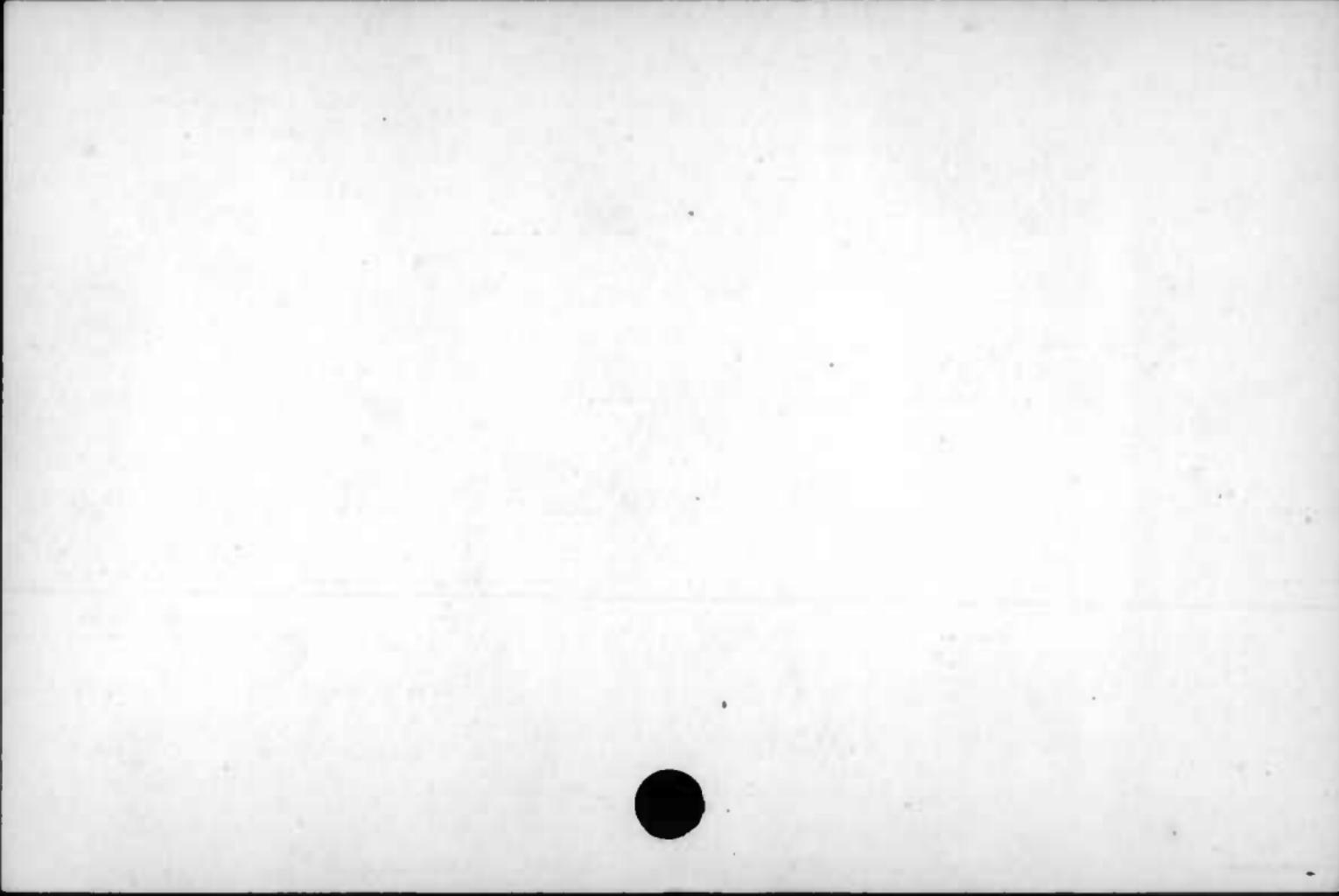
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

A. Child, Dorsey						
Died at Plane No. 4		Town	County Frederick		W. 13 MARYLAND	
Date of death 1907	Month 9	Day 20 th	Years 3 weeks old	Age	Months X	Days X
Sex Male	Color or Race Colored	Birth-place Plane No. 4				
Occupation none	Where Residing if not at place of death					
Married, Single or Widowed X	Name of Wife or Husband Josephine Dorsey	Father's Birthplace No. 4 Br. O.R.R.				
Father's Name Charles Dorsey	Mother's Maiden Name dont know	Mother's Birthplace dont know				
Name of person giving information Frank Dorsey	How related to deceased " "					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Take off, loss of flesh.

(179)

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

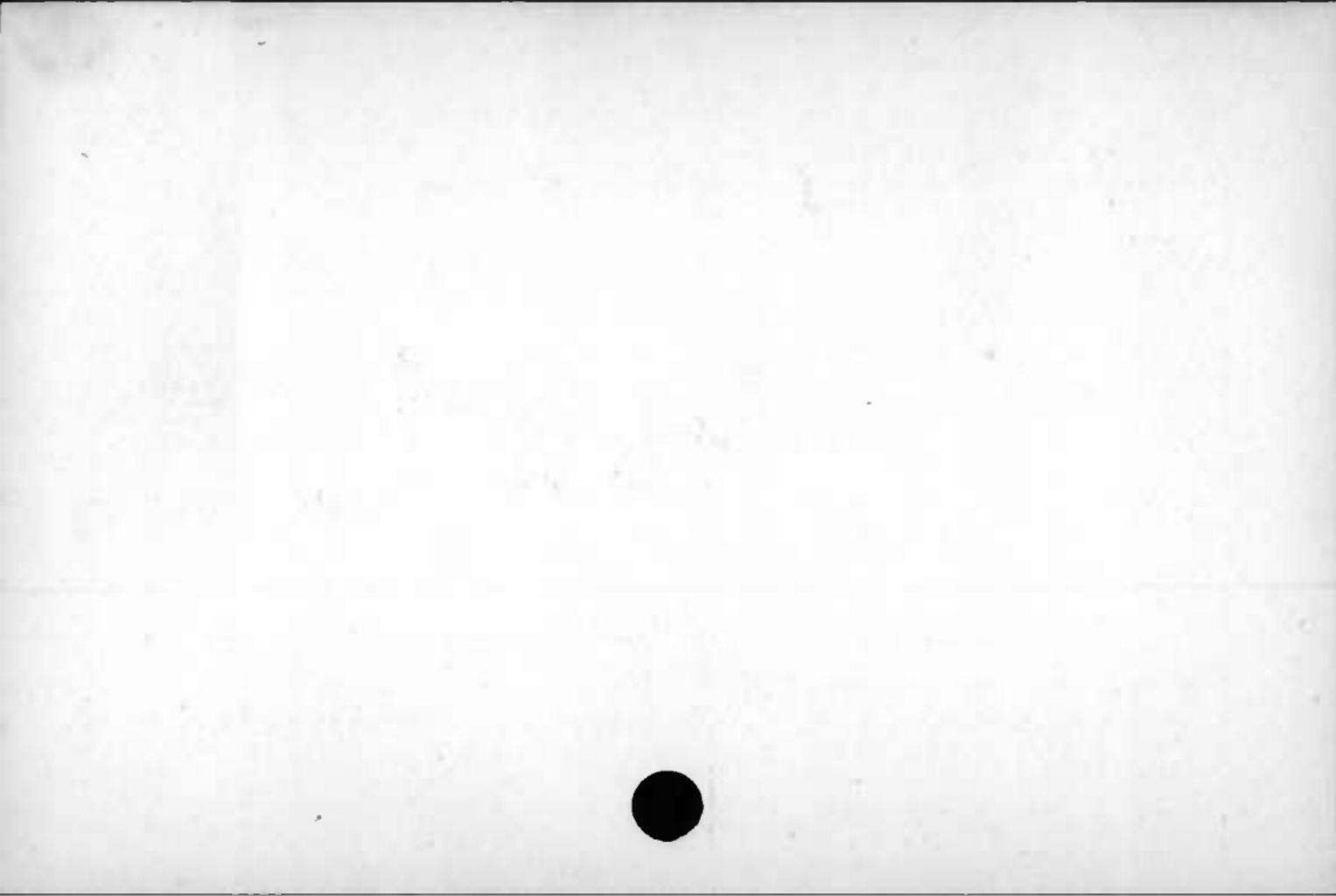
Signature of Physician

Geo. W. Smith, Sub-registrar
New Market Dist. No. 9 Fredk.
County, Maryland.

Address

Accident or Suicide?

No



Name
in
Full

Sarah Anna Dotterer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Name of Person giving Information			
Father's Name	David Barstewant				Father's Birthplace
Mother's Maiden Name	Rebecca Guyton				Mother's Birthplace
Name of person giving information	Wm. H. Dotterer				How related to deceased

~~Boonsboro, Md.~~
~~Yorce, Pa.~~
~~Germany~~
~~Boonsboro, Md.~~
~~Son~~

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary

Diarrhoea

Chrest -

Immediate

General debility

Chrest -

Are the name, age, sex, color, date and place correctly given above?

Yes

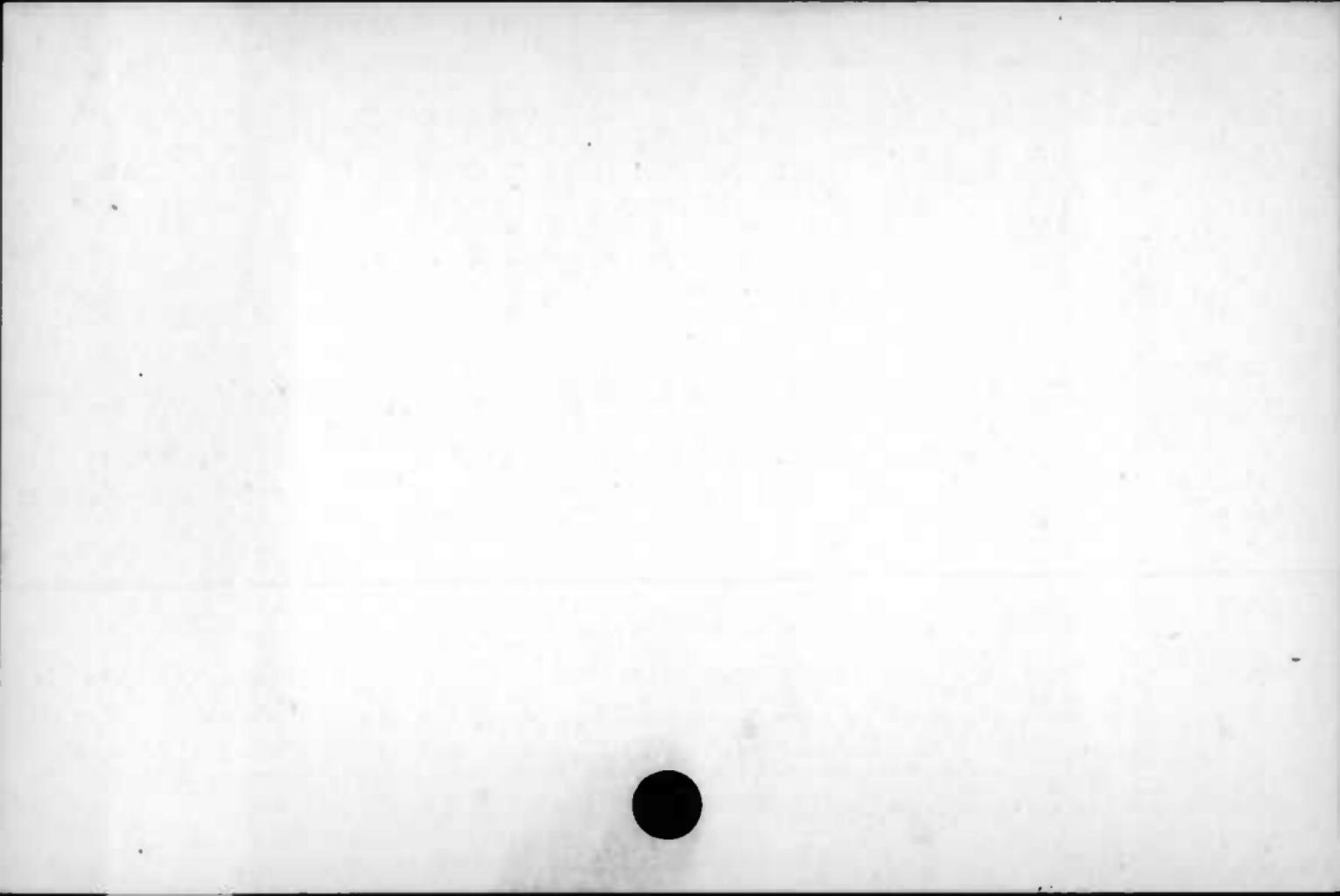
Signature of Physician

C. S. Miller

Address

Baltimore
Md.

Accident or Suicide?



Name
in
Full

Elizabeth A. Dutrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Dunstone		Frederick			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1907	Sept.	30th	Age 90	—	20	
Sex	Female	Color or Race	White	Birth- place	near Urbana	
Occupation	Domestic		Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	John Dutrow			
Father's Name	Solomon F. Meelpieck		Father's Birthplace	near Urbana		
Mother's Maiden Name	Eleanor Strand		Mother's Birthplace	not known		
Name of person giving Information	Solomon F. Dutrow		How related to deceased	Son		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

General debility

How long

20 yrs.

Immediate

Heart Failure

How long

two hours

Are the name, age, sex, color, date
and place correctly given above?

yes

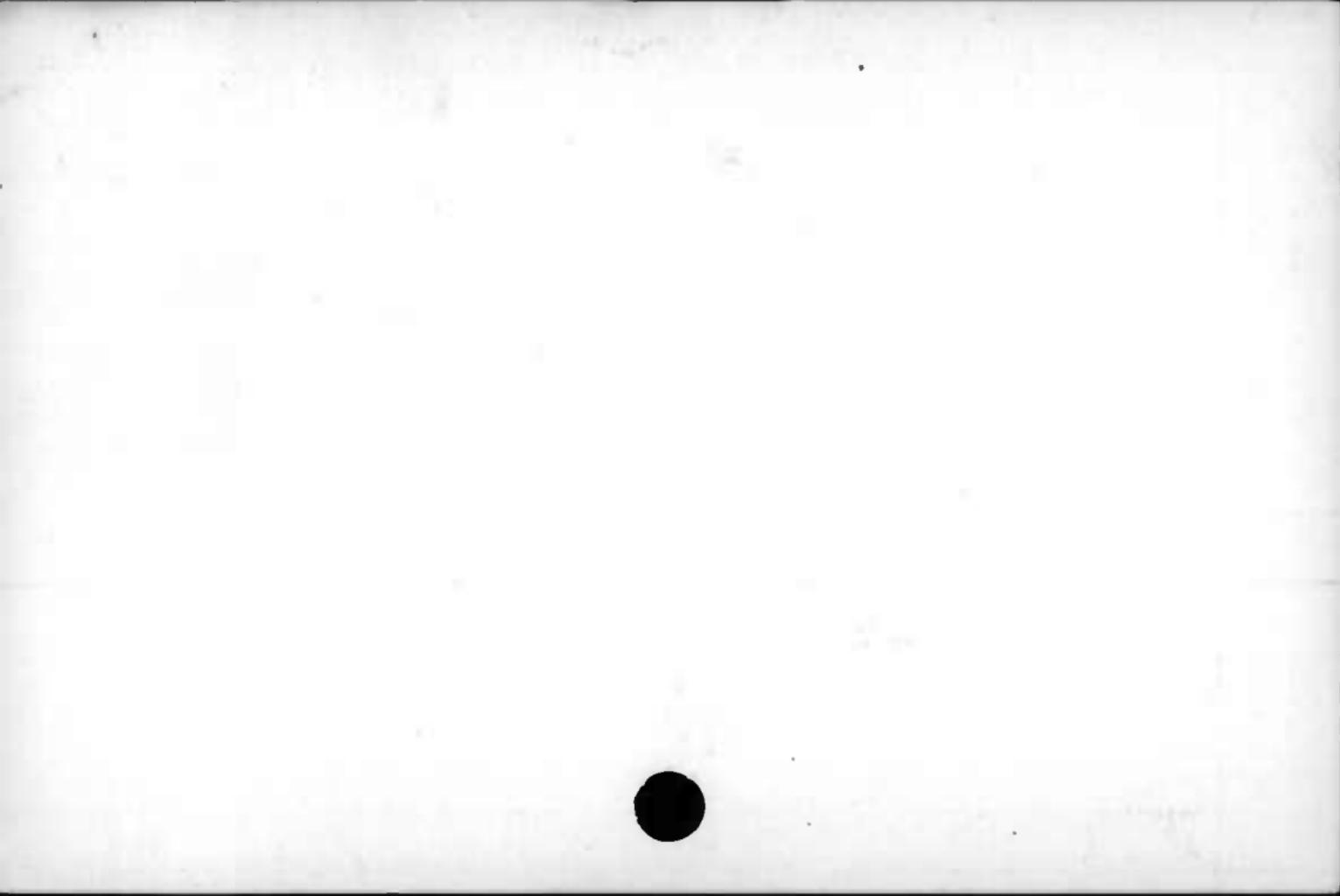
Signature of
Physician

Address

Benj. Cherry M.D.
Urbana

Accident or Suicide?

md.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Miss Mary A. Flanagan

CERTIFICATE OF DEATH

Died at

Wilmington Frederick County

MARYLAND

Date
of death

1907 Sept

Month

Day

Age 81 years

Months

11

Days

11

Sex

Female

Color or
Race

White

Birth-
place

Wilmington

Occupation

House Keeper

Where Residing if not
at place of death

at residence

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Stegh Flanagan

Father's
Birthplace

Maryland

Mother's
Maiden Name

Catherine Oak's

Mother's
Birthplace

"

Name of person giving
Information

Her Personal history

How related
to deceased

"

CAUSES OF DEATH

154

Primary

Serious General debility -

How long

yes
instantaneous

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

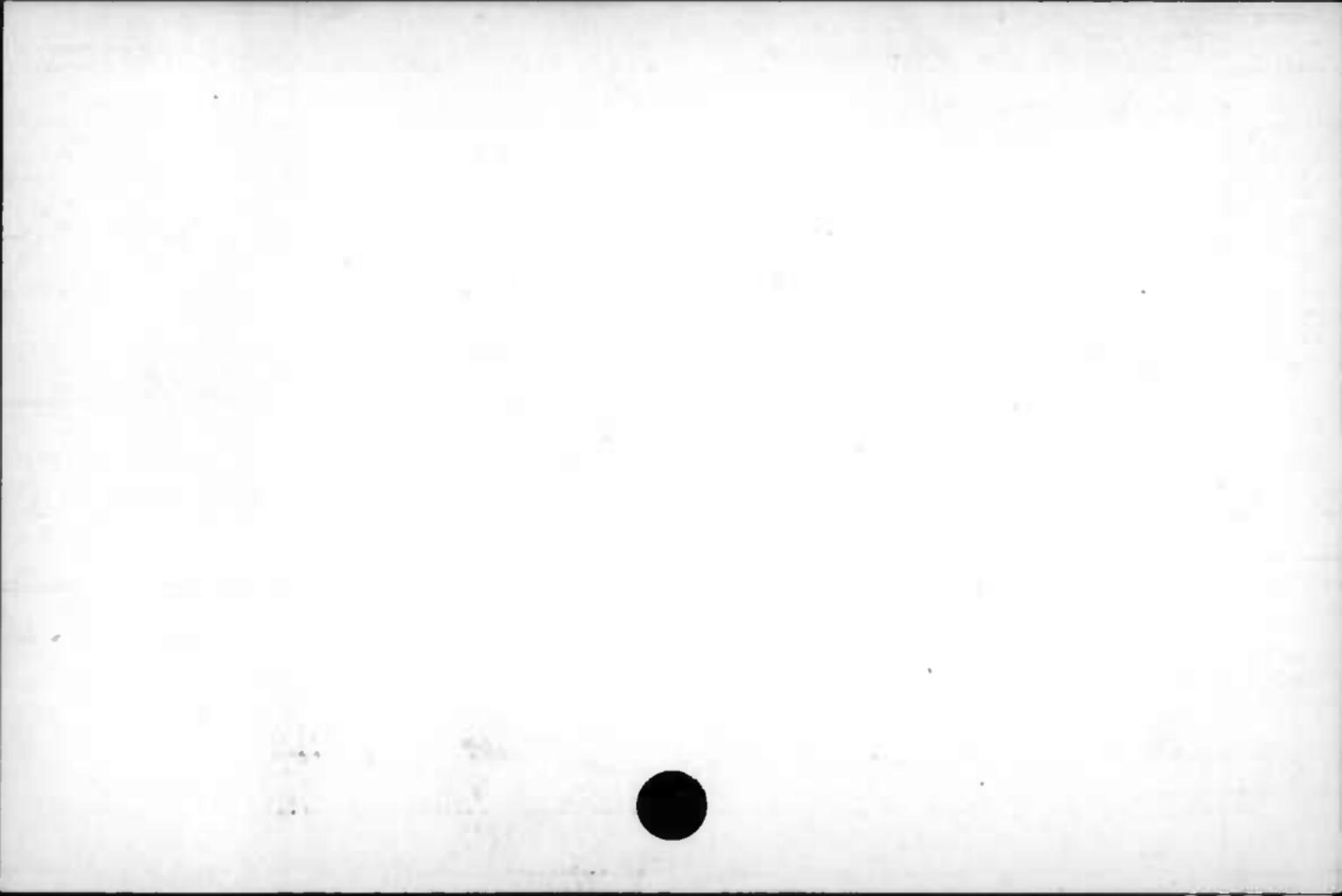
They are

Signature of
Physician

Address

D. E. Phillips
Frederick Md.

Accident or Suicide?



Name
in
Full

Walter L Frazier

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Frederick			County	Frederick						
Died at	Frederick			Frederick	Maryland						
Date of death	1907	Month	9	Day	12	Years	35-	Months	4	Days	28
Sex	Male	Color or Race	White	Birth place	Maryland						
Occupation	Bar Keeper			Where Residing if not at place of death	Frederick						
Married, Single or Widowed	Married			Name of Wife or Husband	Katherine						
Father's Name	George Washington Frazier			Father's Birthplace	Maryland						
Mother's Maiden Name	Katherine Donaldson			Mother's Birthplace	Frederick						
Name of person giving information	John Frazier			How related to deceased	Brother						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	suicide by shooting.	How long	166	
Immediate	Pistol shot after murdering	How long	5 min	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician or Coroner	Ludwig E. G. E. Lewis	
		Address	Frederick City Md	
Accident or Suicide?		Suicide		

Molony
Sept 14 -

Name
in
Full

Marie Arlene Gehr

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Father's Name	or son	
Mother's Maiden Name	Unilled & Moore	Mother's Birthplace	WVa	
Name of person giving Information	Alonzo Gehr	How related to deceased	Father	
CAUSES OF DEATH				
Primary	Auto toxemia			
Immediate	Convulsions			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	55	
		Address	How long	
			24 hours	
			2 hours	

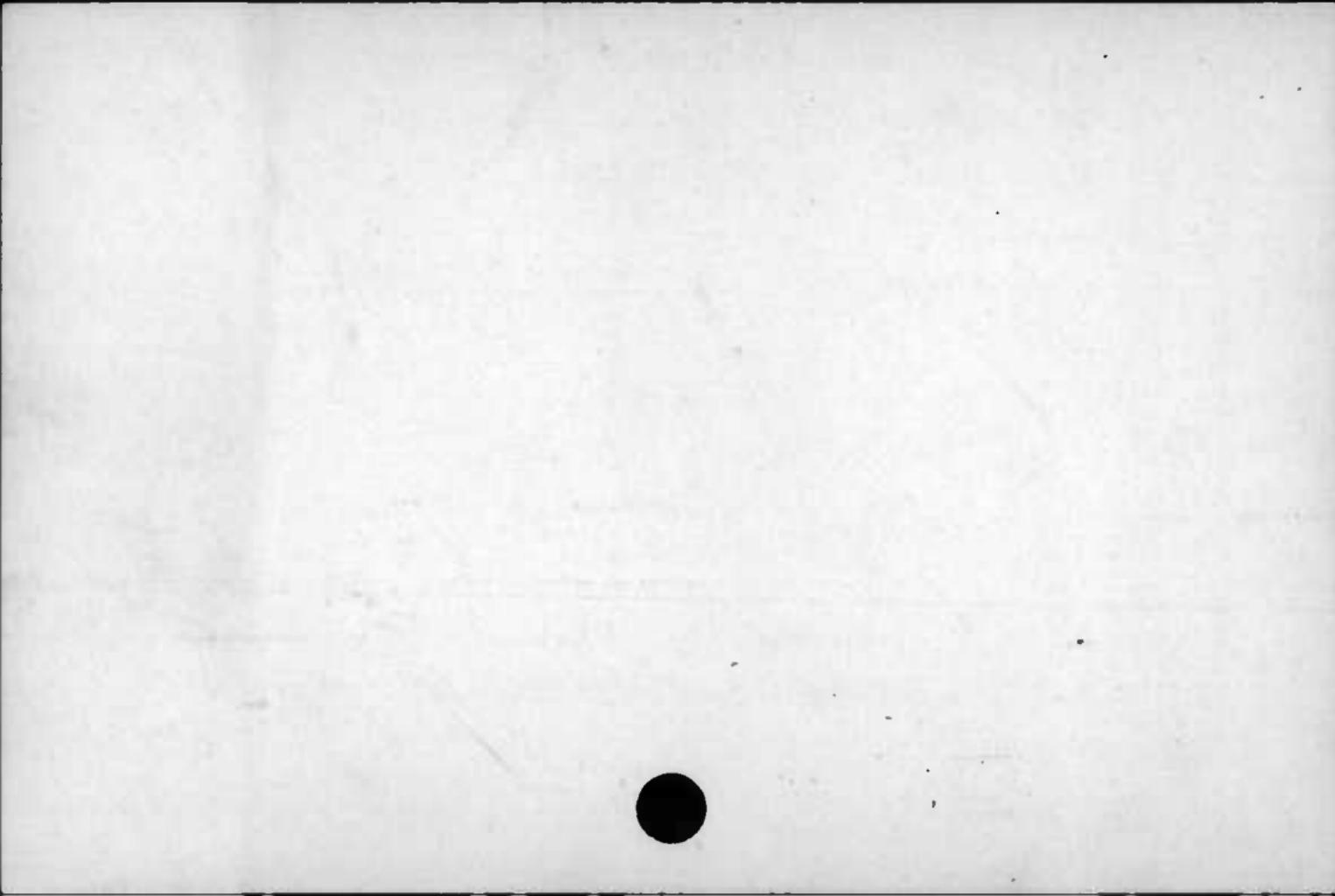
PHYSICIAN
OR CORONER

Accident or Suicide?

Signature of Physician

Address

Addison
Brunswick
Maryland



Name
in
Full

Samuel Hafer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

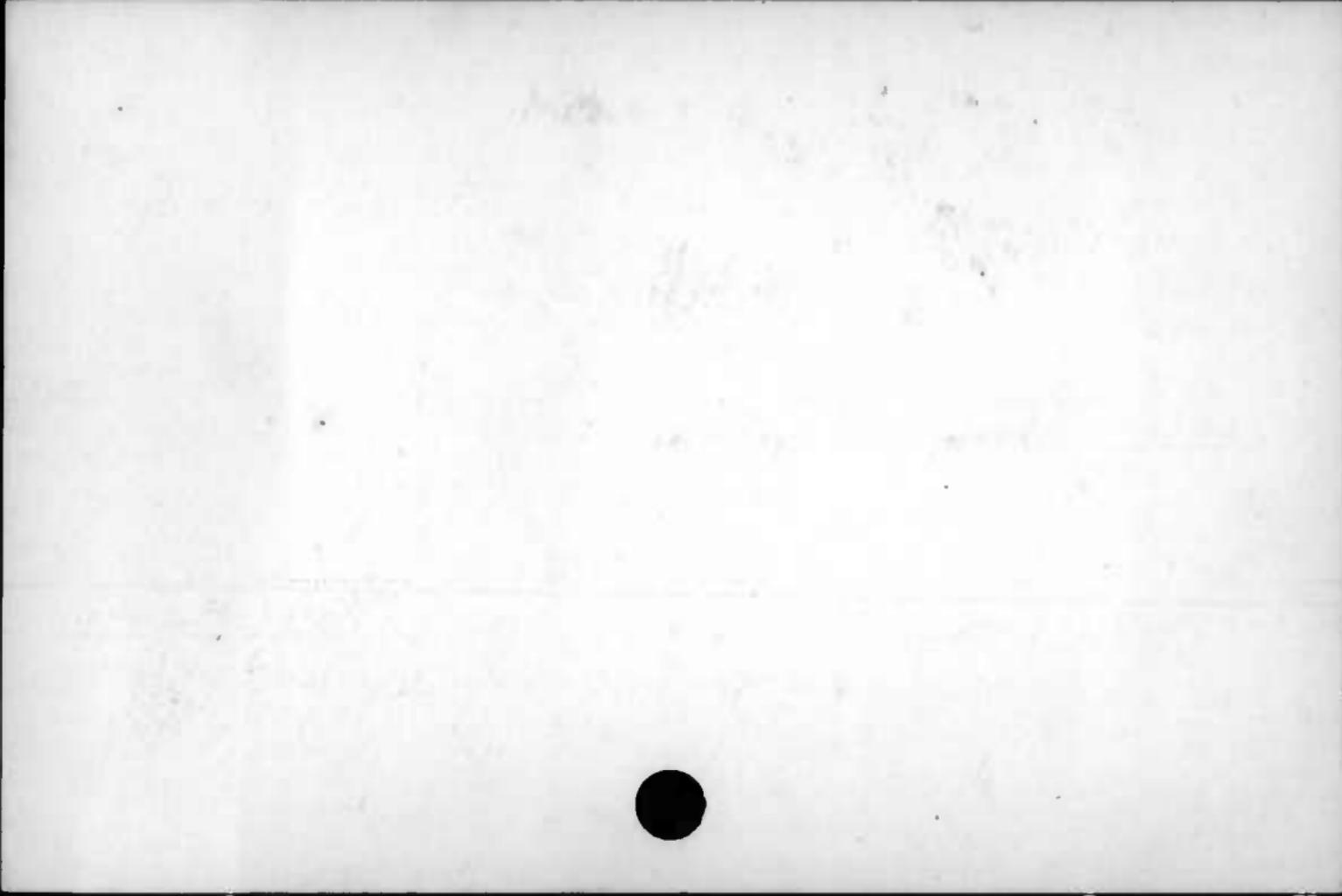
Town	County	MARYLAND		
Died at Frederick City	Frederick Co.			
Date of death 1907	Month Sept	Day 8	Years 75	Months 11 Days 4
Sex Male	Color or Race White	Birth place Md.		
Occupation Retired	Where Residing if not at place of death			
Married, Single or Widower	Name of Wife or Husband	Catherine Goss		
Father's Name George Hafer	Father's Birthplace Germany			
Mother's Maiden Name Catherine Donthorn	Mother's Birthplace Donthorn			
Name of person giving information Son Charles Hafer	How related to deceased Son			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Laryngeal Tuberculosis	How long 1 year
Immediate Pulmonary Tuberculosis	How long 3 mos
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Frank H. Hedges
	Address Frederick
Accident or Suicide? 9	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John Hammaker

Liberty Town

Frederick

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death 1907	Month Sept	Day 3 rd	Years —	Months 14	Days —
Sex Male	Color or Race White	Occupation	Birth-place	Frederick Co	
Married, Single or Widowed					

Name of Wife or Husband

Father's Name

Frank Hammaker

Father's Birthplace

Washington
Frederick Co

Mother's Maiden Name

Barbara Ensor

Mother's Birthplace

Carroll Co

Name of person giving information

B. F. Hammaker

How related to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Leptomeningitis
Exhaustion

(61)

How long

14 hrs

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Osi B. Stone

Liberty Town
Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Mrs Catherine Harbaugh

Died at Sabillasville

Town Frederick County

MARYLAND

Date of death 1907 Month Sep Day 1 Age 73 Years Months 9 Days 1

Sex Female

Color or Race

white

Birthplace

Pennsylvania

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or Husband

Elias Harbaugh

Father's Name

Gondea

Father's Birthplace

Mother's Maiden Name

Hertman

Mother's Birthplace

Name of person giving
Information

J. Harbaugh

How related
to deceased

son

120

CAUSES OF DEATH

Primary

Chronic Bright's Disease

How long

5 Years

Immediate

Memia.

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

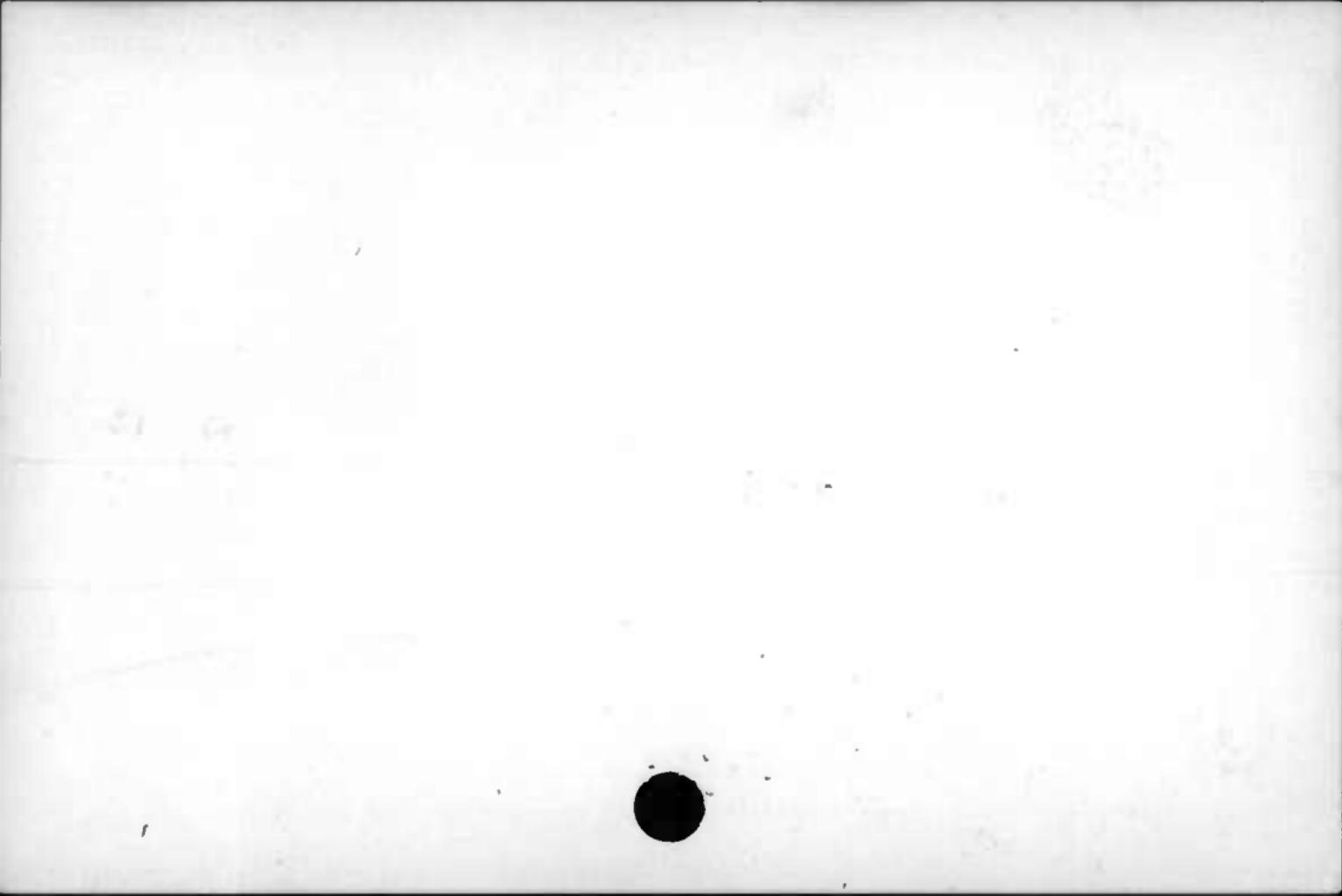
Signature of
Physician

Address

L. Wilson
Emmickin'
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
Sex	Male	Color or Race	Where Residing if not at place of death	Birthplace	No was known	
Occupation						
Married, Single or Widowed	Widow	Name of Wife or Husband	do not know		Father's Birthplace	Husband
Father's Name	Unknown				Mother's Birthplace	Unknown
Mother's Maiden Name	Unknown				How related to deceased	Unknown
Name of person giving Information	A					

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary

Fall Roofing pipe

How long

36 hours,

Immediate

Sunday

How long

about 8 hours.

Are the name, age, sex, color, date and place correctly given above?

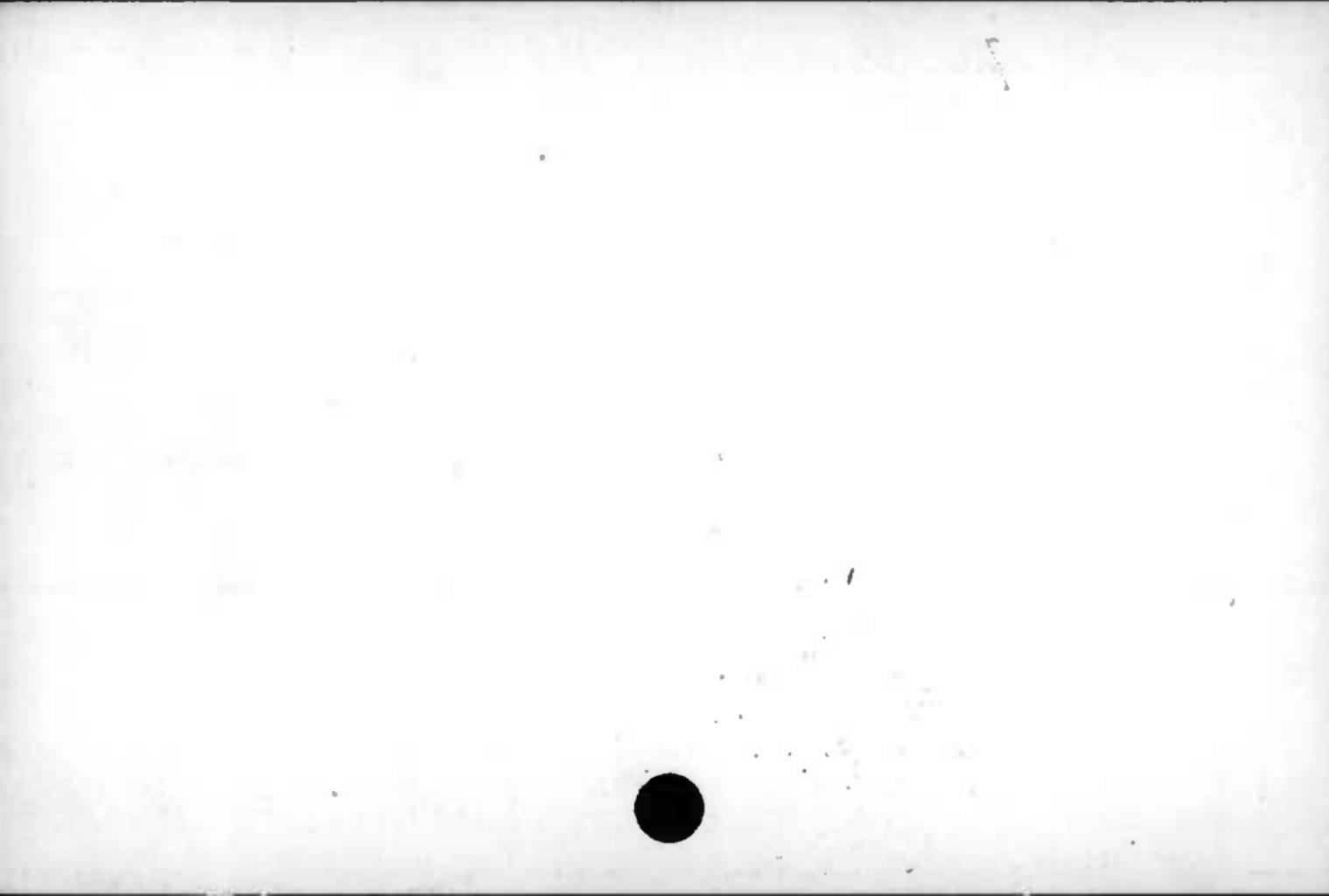
Signature of Physician

Address

J. B. Johnson,

Fordness
Md.

Accident or Suicide?



Name
in
Full

Gideon Hoover

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

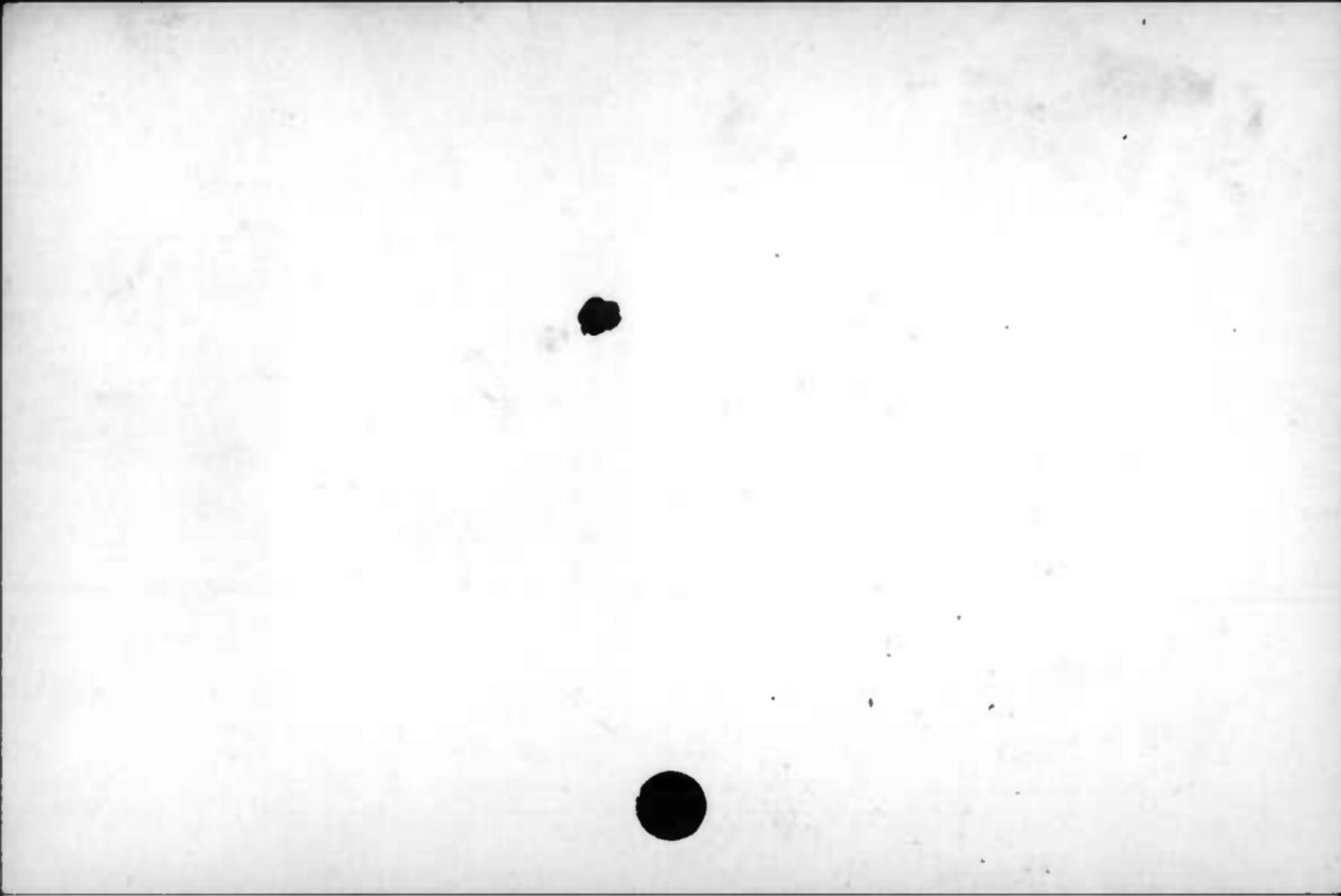
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Year	Months	Days
Sex	Male	Color or Race	White	Birth-place	Mary Ellerton
Occupation	Shoe Maker		Where Residing if not at place of death	near Ellerton	
Married, Single or Widowed	Married	Name of Wife or Husband	Fannie Hoover	Father's Birthplace	Frederick
Father's Name	Jacob Hoover			Mother's Birthplace	Watson
Mother's Maiden Name	Mary Warner			How related to deceased	Wife
Name of person giving Information	Fannie Hoover				

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	Carcinoma of Stomach		How long	3 yrs.
Immediate	Exhaustion		How long	2 mo.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Ralph Browning
			Address	Mdewsville, Md
Accident or Suicide?		J.		



Name
in
Full

Sarah Houspl

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

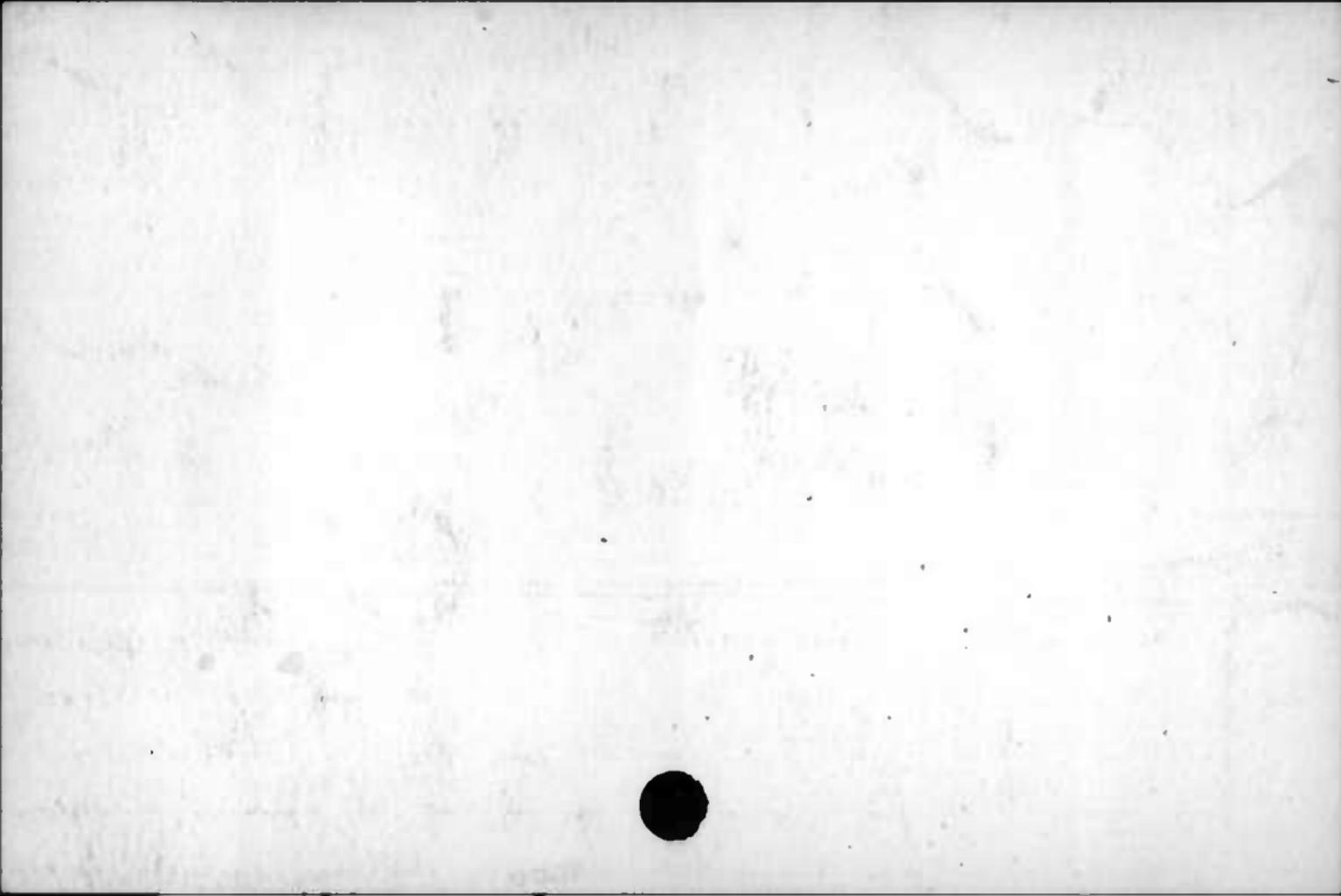
Died at		Town	County		MARYLAND	
Date of death	1907	Month Sept.	Day 16 th	Years 90	Months 11	Days
Sex	Female		Color or Race	White		Birth-place
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Maidow	Name of Wife or Husband		Jacob Houspl		
Father's Name	Jacob Lorgnmaier		Father's Birthplace Fred Leo			
Mother's Maiden Name	Watenbacher		Mother's Birthplace Germany			
Name of person giving Information	Joe Houspl		How related to deceased Son			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Valvular Disease of Heart		How long	6 weeks
Immediate	Acute Endocarditis		How long	about 2 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	E. T. Smith
			Address	Bowmaburro Md.
Accident or Suicide?		No.		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 1907	Month 7	Day 12	Years 69-	Months 6	Days 2
Sex Male	Color or Race Brown	Birth-place Montgomery			
Occupation Laborer	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband Margaret Ellen Jayson				
Father's Name	✓				
Mother's Maiden Name	✓				
Name of person giving information	Margaret E. Jayson wife				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Rheumatism

(F)

Immediate

Heart Failure at 6.7 Gordon 150.

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

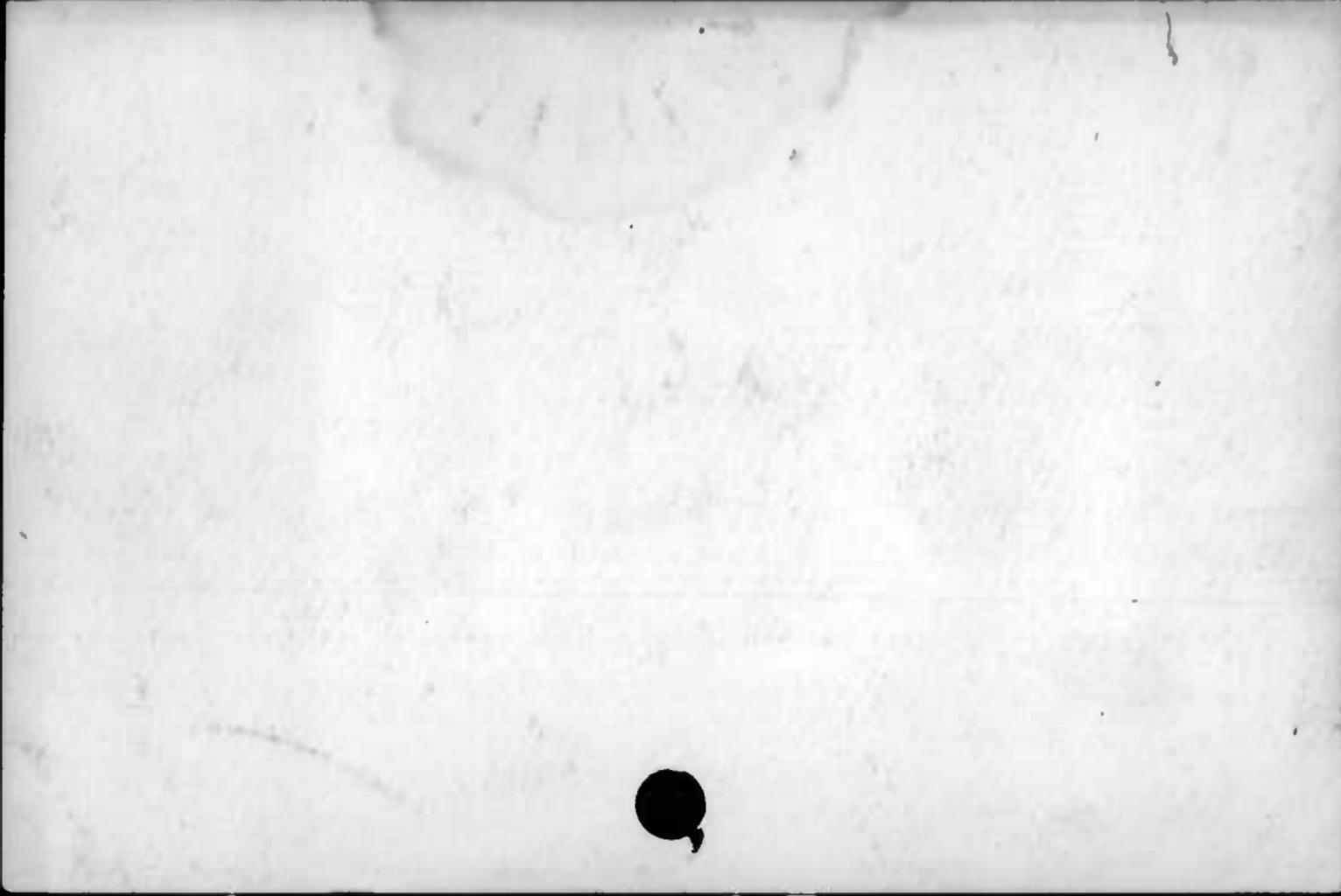
Signature of Physician

Address

M.R. Elekison

Undertaker
Jefferson end

Accident or Suicide?



Name
in
Full

Daisy M. Keckley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Brunswick</u>		Town	County <u>Fairfax</u>			
Date of death <u>1907</u>	Month <u>Sept</u>	Day <u>17</u>	Age <u>10</u>	Years <u>10</u>	Months <u>10</u>	Days <u>12</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth place <u>Brunswick MD</u>				
Occupation <u></u>	Where Residing if not at place of death <u>Brunswick</u>					
Married, Single or Widowed <u></u>	Name of Wife or Husband <u></u>					
Father's Name <u>Jacob Keckley</u>	Father's Birthplace <u>Va.</u>					
Mother's Maiden Name <u>Katina King</u>	Mother's Birthplace <u>Va.</u>					
Name of person giving information <u>Col S. Keckley</u>	How related <u>Deceased Father</u>					

CAUSES OF DEATH

34

PHYSICIAN
OR CORONER

Primary

Anæmia

How long

2 months

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. B. Schamed

Brunswick

Accident or Suicide?



Name
in
Full

Kuhn

CERTIFICATE OF DEATH

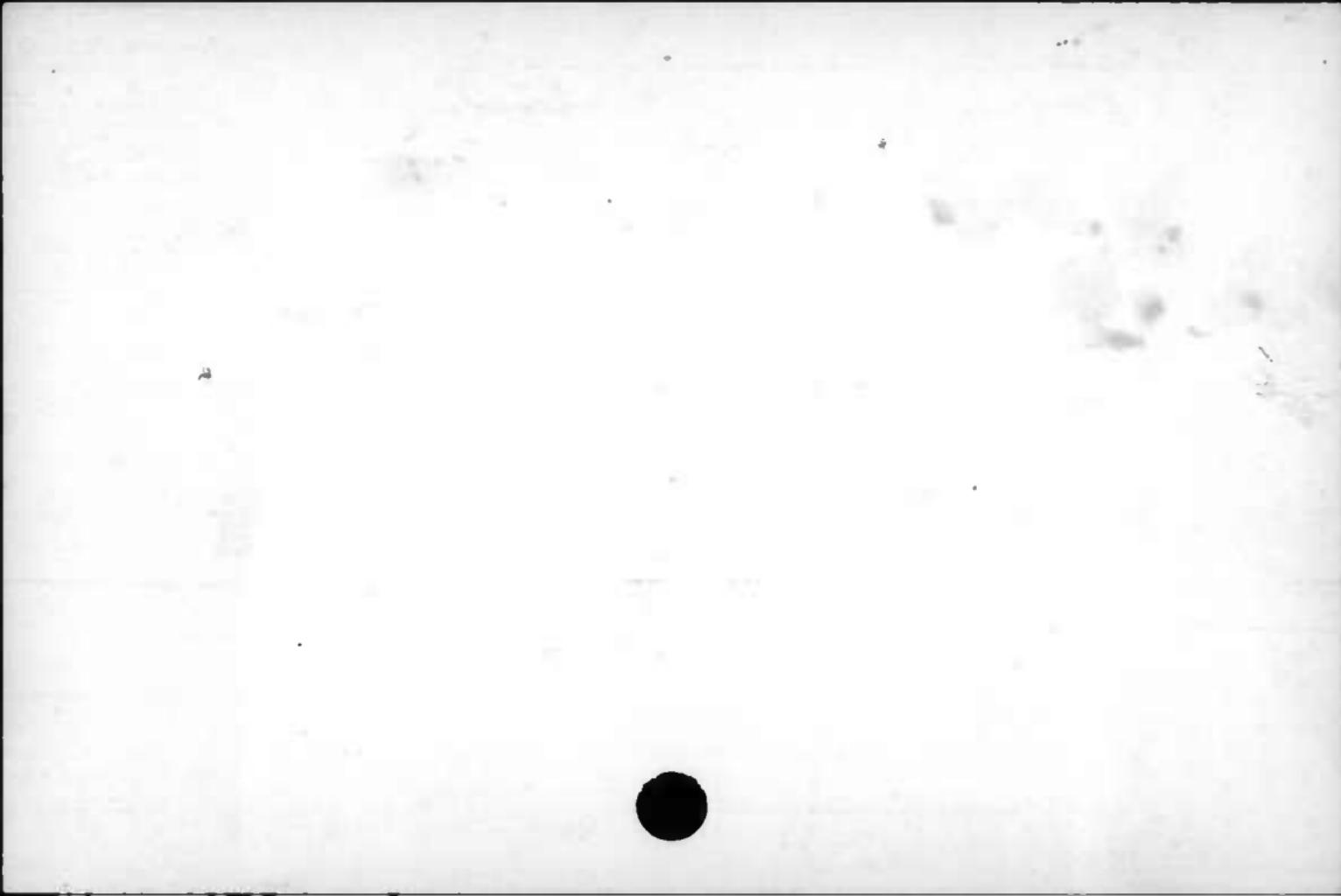
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	Garfield, Md.
Occupation	Infant	Where Residing if not at place of death			
Married, Single or Widowed	Infant	Name of Wife or Husband			
Father's Name	Chester Kuhn		Father's Birthplace	Md	
Mother's Maiden Name	Bessie Draper		Mother's Birthplace	Md	
Name of person giving information	Bessie Kuhn		How related to deceased	Mother	

CAUSES OF DEATH

105

PHYSICIAN OR CORONER	Primary	How long
	Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	A. J. Smith Wolfsville Md.	



Name
in
Full

Mollie T Lewis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
1907	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Virginia
Occupation	Dress Maker				
Married, Single or Widowed	Widow	Name of Wife or Husband	Where Residing if not at place of death		
Father's Name	Addison Vity				
Mother's Maiden Name	Rebecca Vity				
Name of person giving information	Frank Lewis				
Father's Birthplace	Virginia				
Mother's Birthplace	+				
How related to deceased	Brother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Murdered by Walter L. Frazier.	How long
Immediate	Pistol Shot	How long

166

Are the name, age, sex, color, date and place correctly given above?

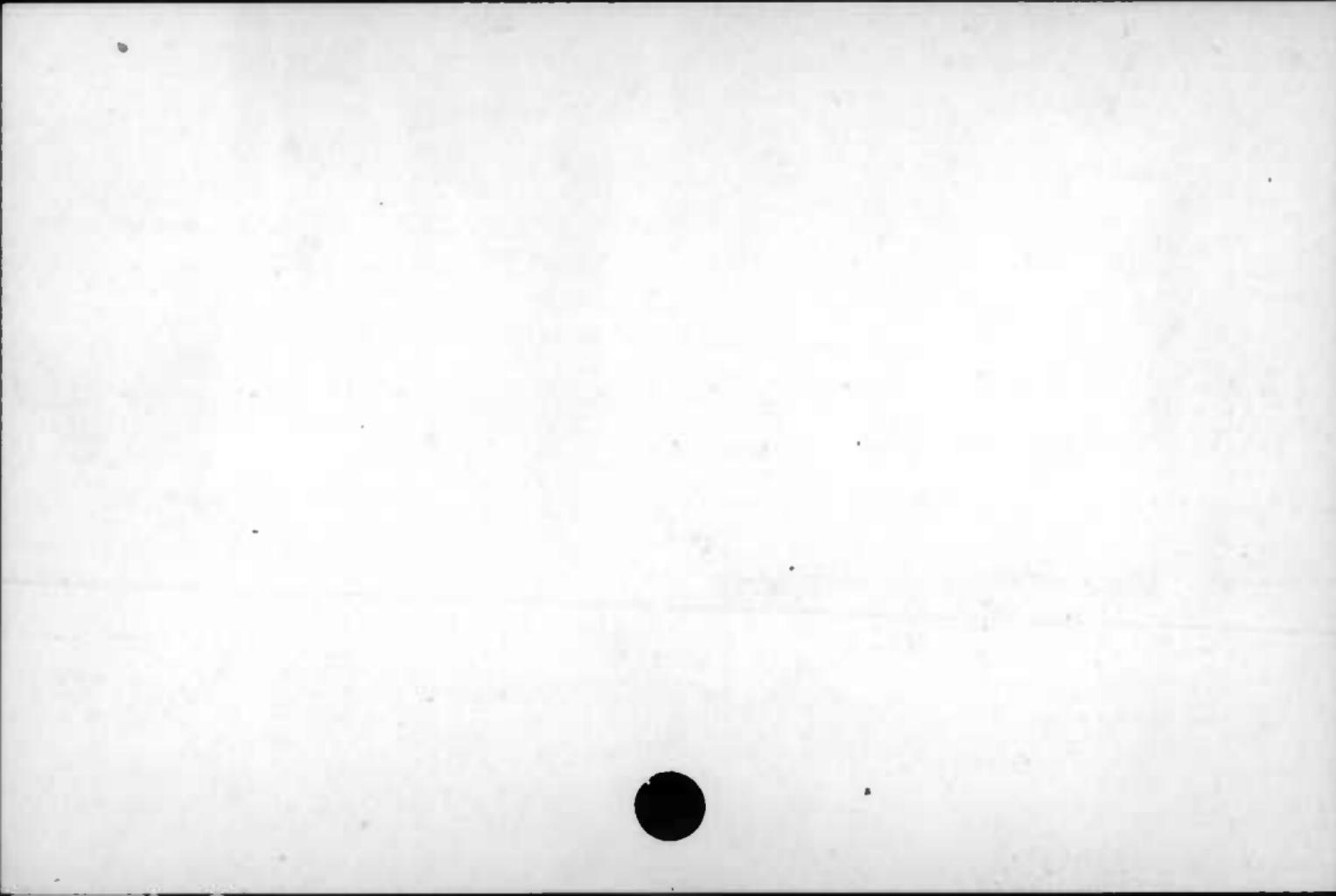
Signature of
Physician
or Coroner

Address

Dr. E. E. Estes,
Frederick,
Md.

Accident or Suicide?

Homicide.



Name
in
Full

Marianda Lowe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death			
Occupation					
Married, Single or Widowed	Name of Wife or Husband	Theodore T Lowe			
Father's Name	Solomon Lowe				Father's Birthplace
Mother's Maiden Name	Julia Minemaker				Mother's Birthplace
Name of person giving information	Mrs. Remmer				How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gri. Debility - (Stroke)

Yrs.

Immediate

Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

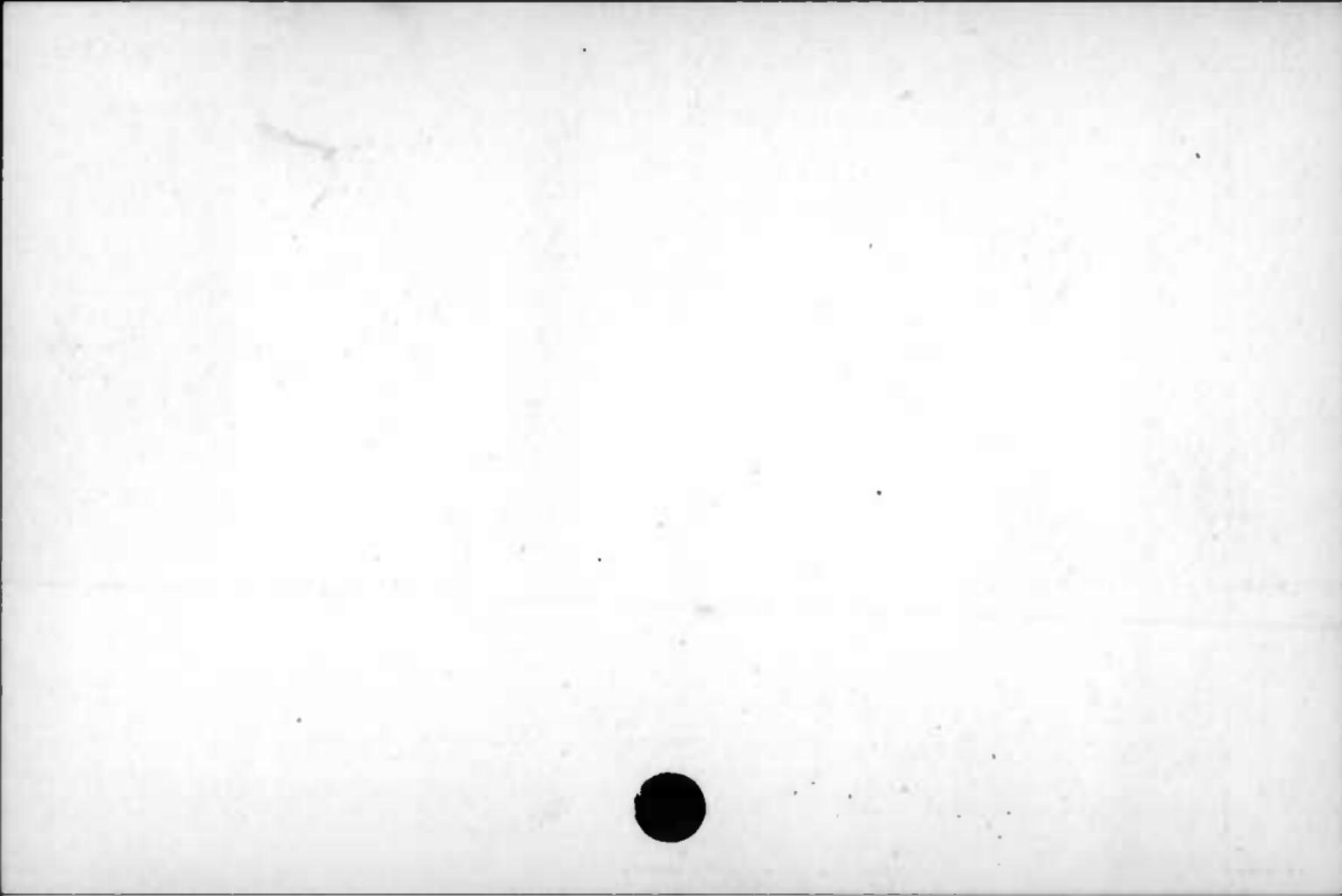
yes

Signature of
Physician

Address

Graf McCurdy Jr.
Frederick
City

Accident or Suicide?



Name
in
Full

Mrs. Margaret McCormick

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Brunswick

County

Brunswick

MARYLAND

Date
of death 1907

Month

Day

Years

Sept. 29

Age

39

Months

Days

4

21

Sex

Female

Color or
Race

White

Birth-
place

Carlisle, Pa

Occupation

Housewife

Where Residing if not
at place of death

Brunswick -

Married, Single
or Widowed

Married

Name of Wife or
Husband

Jerry

McCormick

Father's
Name

Delaney

Father's
Birthplace

Pa

Mother's
Maiden Name

Fair

Mother's
Birthplace

Pa

Name of person giving
Information

McCormick

How related
to deceased

Husband

CAUSES OF DEATH

42

How long

1 year or longer

Primary

Carcinoma of Uterus +

Immediate

Pneumonia

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

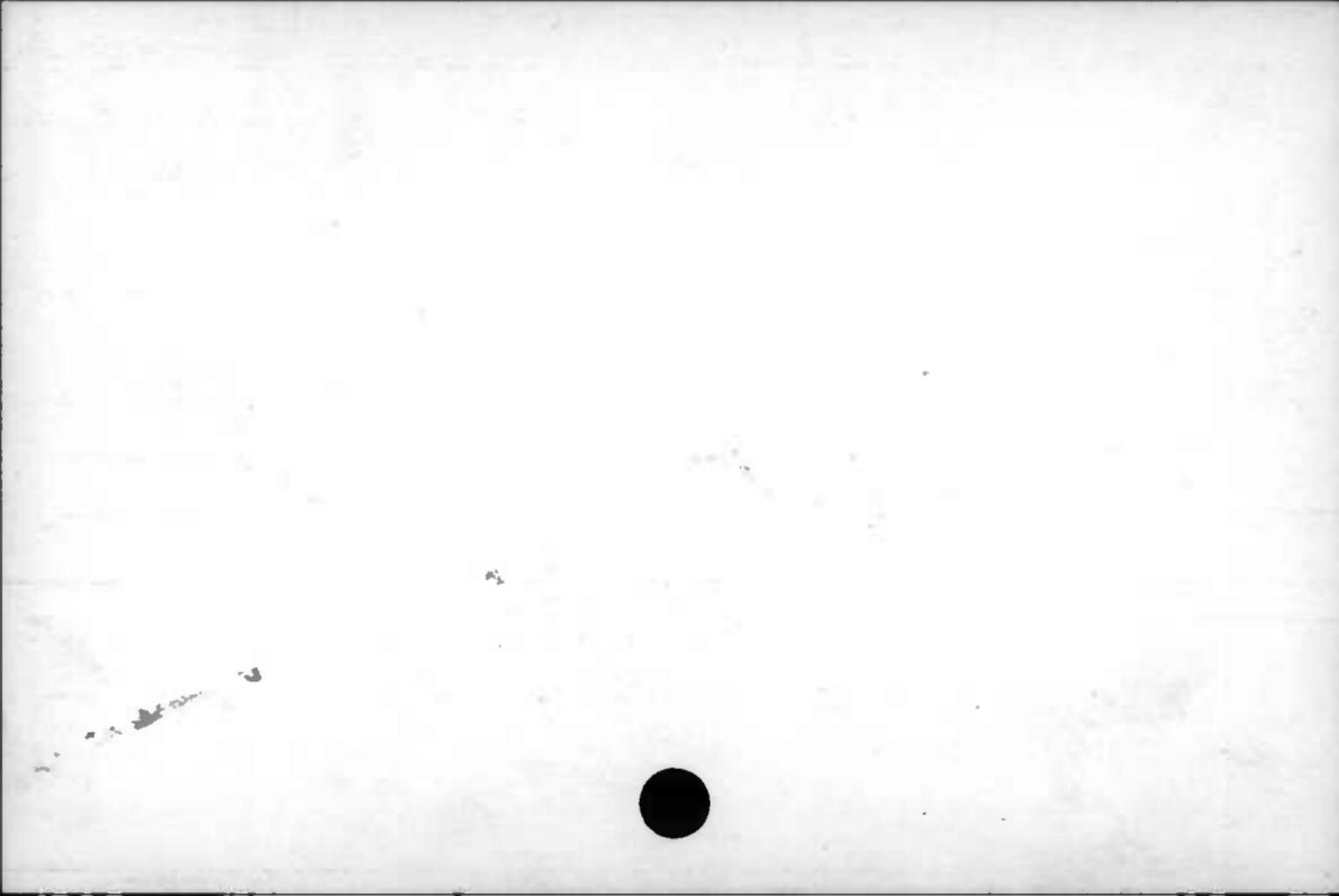
Address

C. W. C. C. M., M.D.

Brunswick

Md.

Accident or Suicide?



Name
in
Full

Omega Mc Gaha

CERTIFICATE OF DEATH

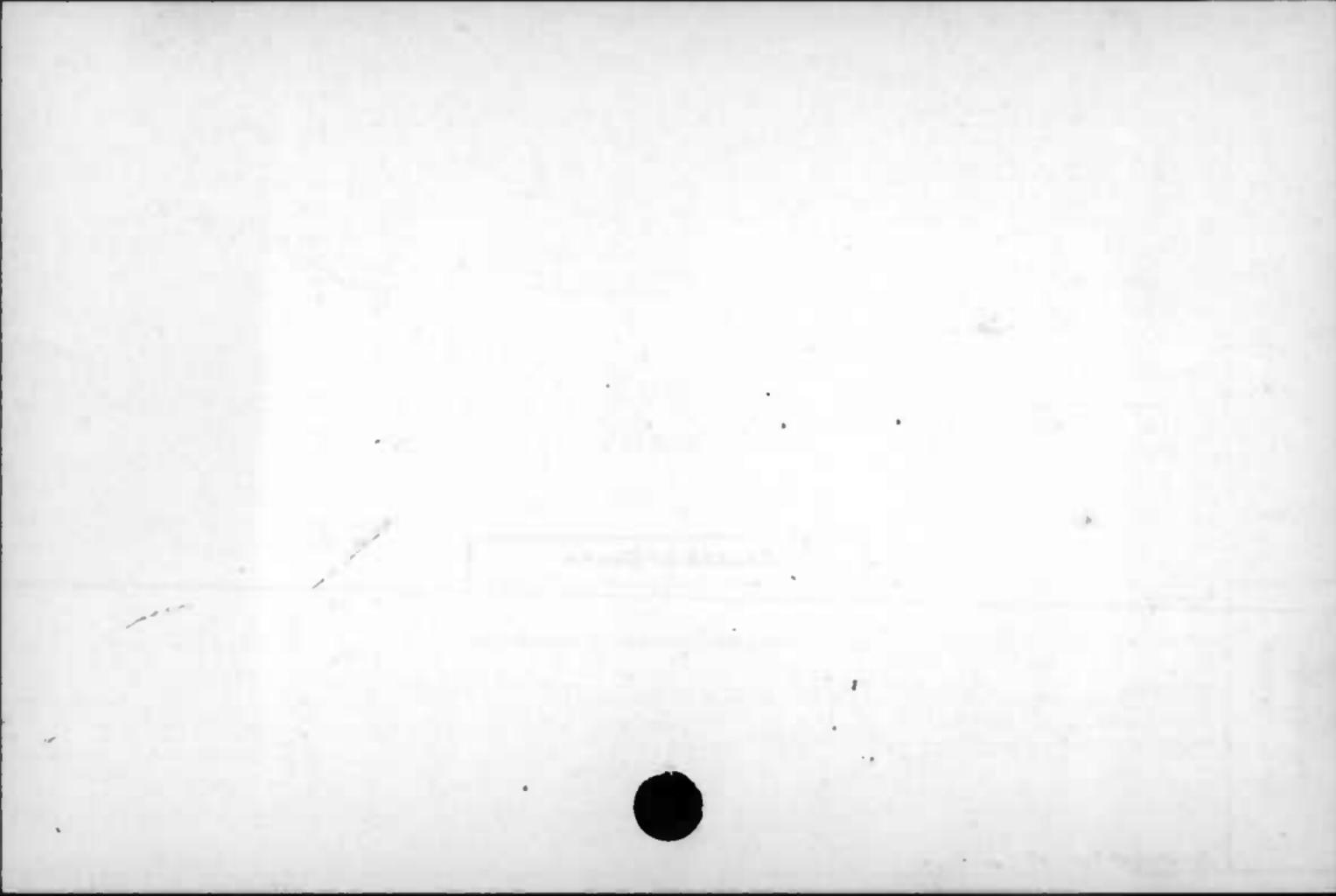
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	Sept	17	1	—	3
Sex	Color or Race	white	Birth-place	Md	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Single	Melvin W. Mc Gaha	Father's Birthplace	Va		
Father's Name	Melvin W. Mc Gaha	Mother's Birthplace	Md.		
Mother's Maiden Name	Bessie J. Morris	How related to deceased	Father		
Name of person giving information	Melvin W. Mc Gaha				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	In ascertion	179	How long	some
Immediate	at home		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	L. H. Hart	
ja		Address	Brunswick, Frederick Co	
Accident or Suicide?				



Name
in
Full

Infant of Edward Murphyman

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

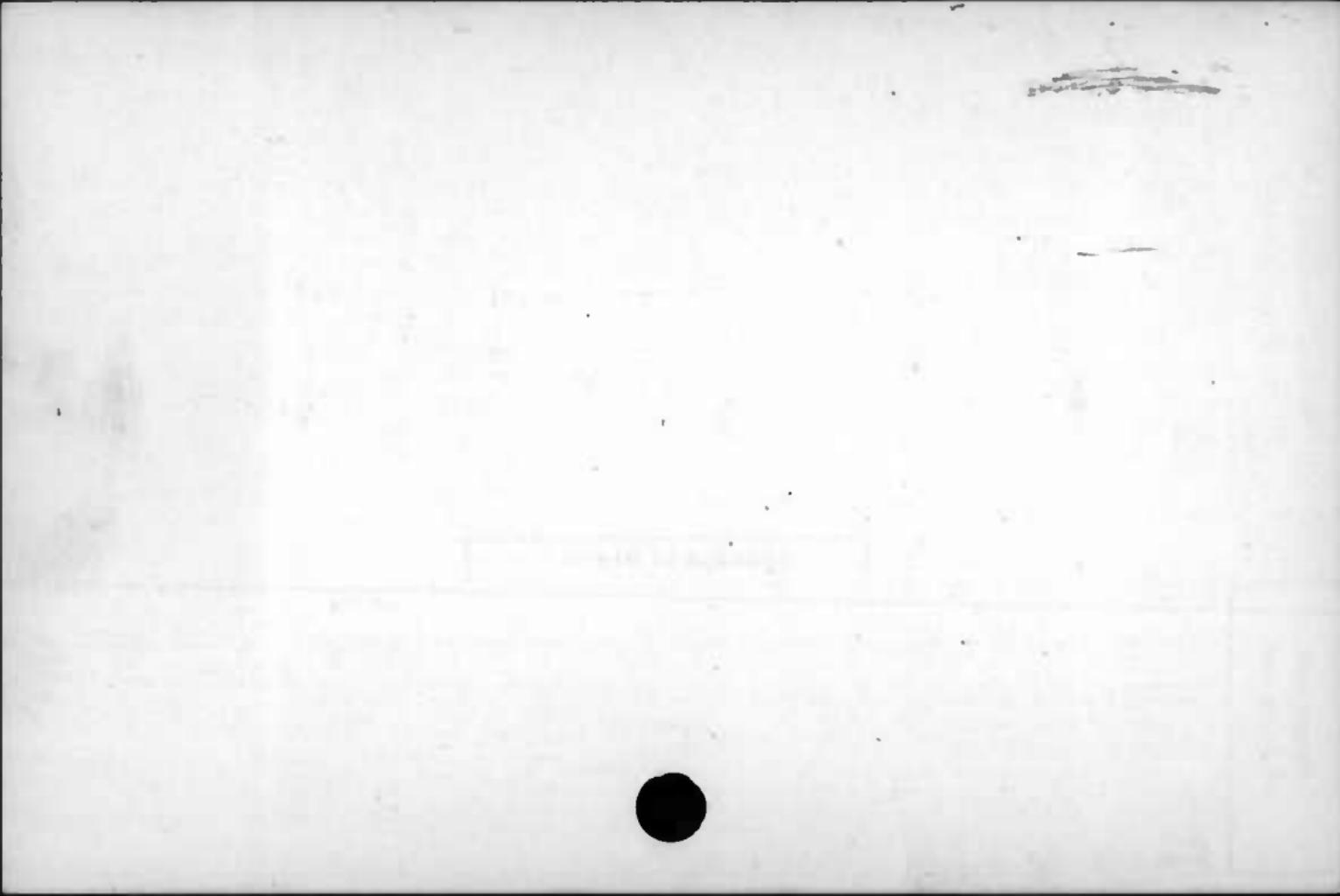
Died at	Town	County	MARYLAND		
Date of death 1907	Month Sept	Day 18	Age	Months	Days
Sex male	Color or Race	white	Birth-place	Md	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Edward W. Murphyman	Father's Birthplace	Md		
Mother's Maiden Name	Mary Catharine Anderson	Mother's Birthplace	Md		
Name of person giving information	Mary Catharine Murphyman	How related to deceased	Mother		

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	Congenital Malformation	
Immediate	2 days	
Are the name, age, sex, color, date and place correctly given above?	Yes	
	Signature of Physician	Lem Hast
	Address	Brownsburg Frederick Co
Accident or Suicide?	Q	



Name
in
Full

Rhea C. Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at near Wolfsville	Frederick		Month	Days	
Date of death 1907	Sept.	7	Age 1	—	22
Sex Female	Color or Race white	Birth-place near Wolfsville			
Occupation Infant	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Ralph Miller	Father's Birthplace	Md.		
Mother's Maiden Name	Carina Lizar	Mother's Birthplace	md.		
Name of person giving information	E. J. Stottemyer	How related to deceased	uncle		

CAUSES OF DEATH

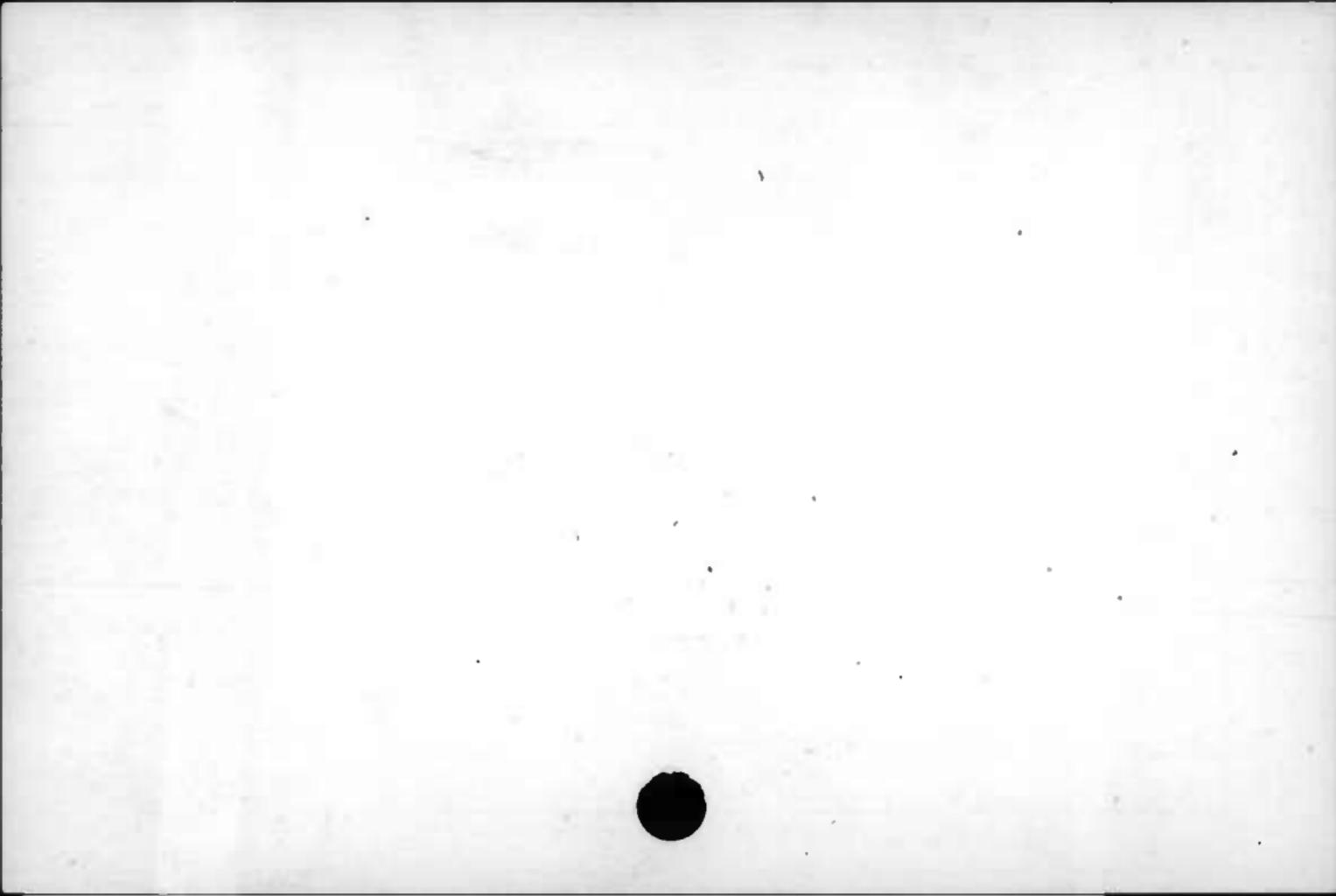
105

How long

PHYSICIAN
OR CORONER

Primary		
Immediate	Cholera Infantum	1 da
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?		

A. J. Smith
Wolfsville
Md.



Name
in
Full

Mary Elizabeth Moore

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

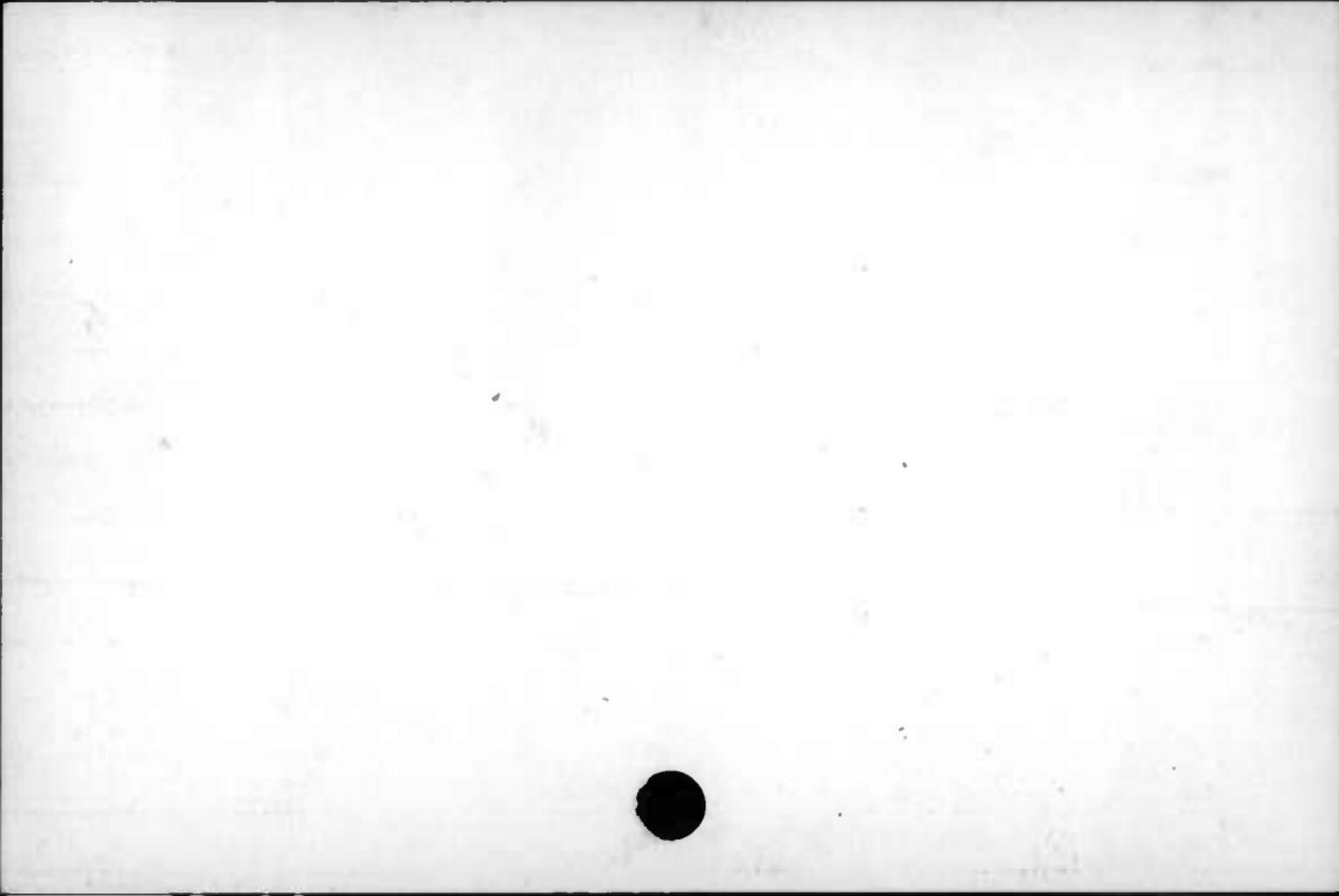
Died at	Town	County		MARYLAND	
Died at	Fredens	Fredi			
Date of death	Month	Day	Years	Months	Days
1907	9	3	85	-	8
Sex	Female	Color or Race	White	Birth-place	Md
Occupation	Retired H.C.W.		Where Residing if not at place of death	X	
Married, Single or Widowed	Name of Wife or Husband		John J. Marr		
Father's Name	Isaac Wyoong		Father's Birthplace	N. Va	
Mother's Maiden Name	Elizabeth P. Baer		Mother's Birthplace	Md	
Name of person giving information	Frank Marr		How related to deceased	Grandson	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Senile Dementia	
Immediate	Exhaustion -	
Are the name, age, sex, color, date and place correctly given above?	Yrs	
	Signature of Physician	
	Address	
Accident or Suicide?	no	



Name
in
Full

Felton Neal

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

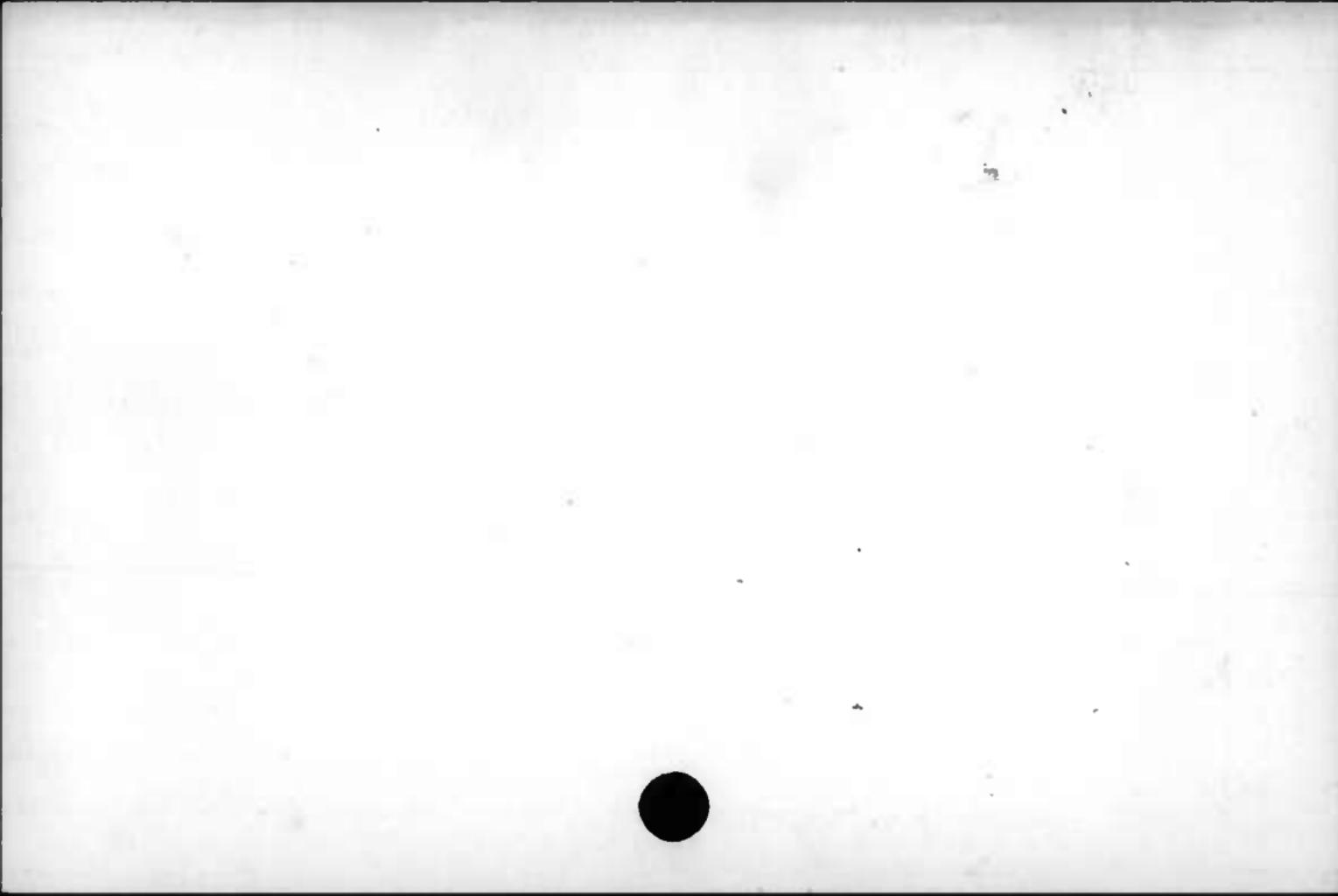
Died at	Town	Frederick	County	Frederick	MARYLAND				
Date of death	Month	1907 Sept	Day	19	Years	75	Months	—	Days
Sex	Color or Race	Male	Blonde	Birth-place	Frederick				
Occupations	Where Residing if not at place of death	Soldier	X						
Married, Single or Widowed	Name of Wife or Husband	Unknow	Unknown	Father's Birthplace	Unknown				
Father's Name	Unknown	Mother's Birthplace	Unknown						
Mother's Maiden Name	Unknown	How related to deceased	Daughter						
Name of person giving information	Coroner								

CAUSES OF DEATH

97

PHYSICIAN
OR CORONER

Primary	Bronchitis Asthma	How long	74 yrs.
Immediate	Esophagitis	How long	5 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	M. Long
		Address	City -
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Frederick</u>		County <u>Fredk</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>9</u>	Day <u>22</u>	Years <u>—</u>	Months <u>—</u>	Days <u>14</u>	
Sex <u>Male</u>	Color or Race <u>Black</u>			Birth-place <u>City</u>	<u>State</u>	
Occupation <u>—</u>	Where Residing if not at place of death <u>Same</u>		<u>—</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>		<u>—</u>			
Father's Name <u>George Nelson</u>			Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Blanche Glandy</u>			Mother's Birthplace <u>"</u>			
Name of person giving Information <u>Geo Nelson</u>			How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Malnutrition

151

How long

14 days

Immediate

Chronic

How long

14 days

Are the name, age, sex, color, date and place correctly given above?

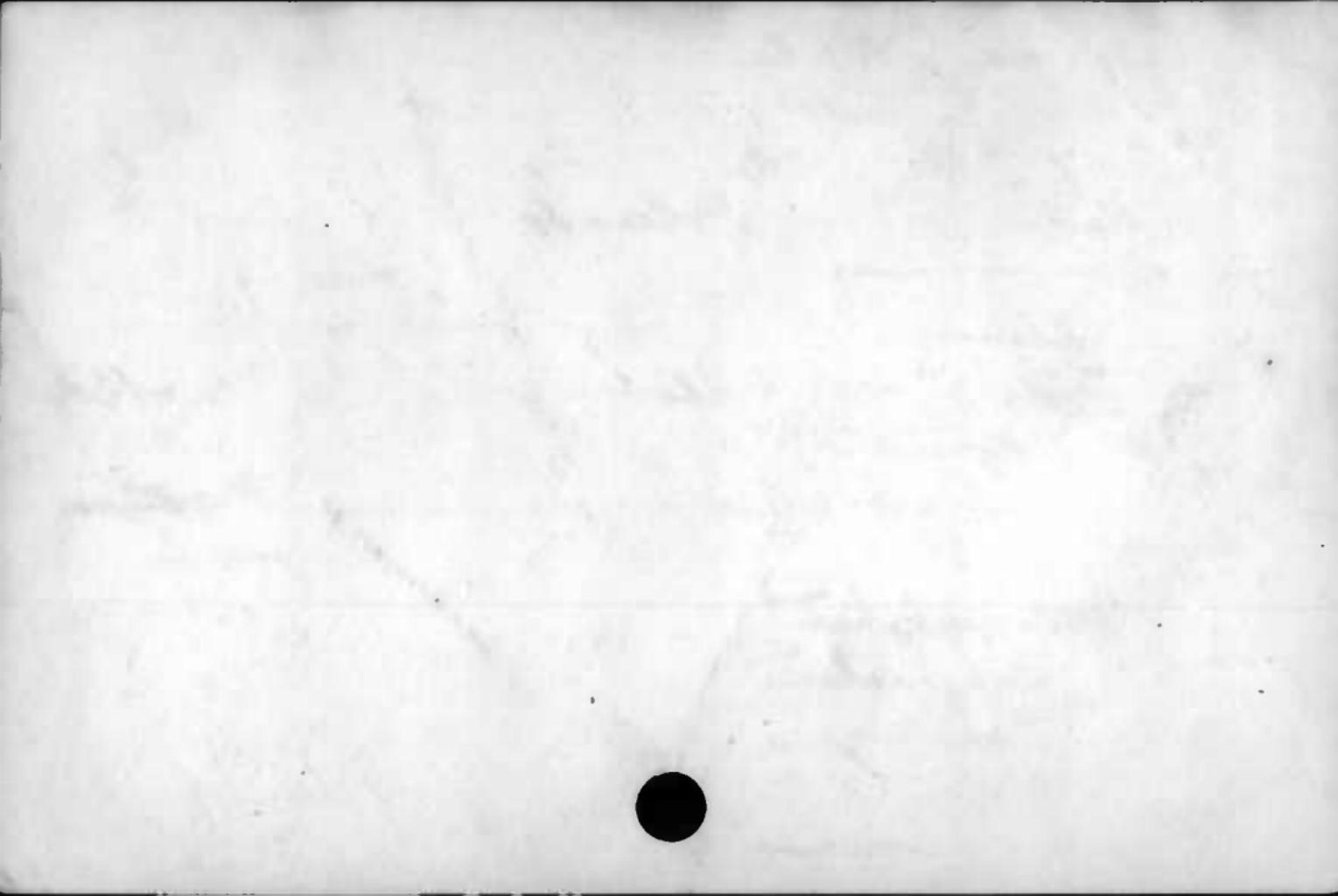
yes

Signature of Physician

Address

No longer

Accident or Suicide?



Name
in
Full

Charles Edward Perkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Reeds mill	Frederick	
Date of death	Month	Day	Years
1907, September	28	1907	Age 6
Sex	Color or Race	Birth-place	Days
male	White	Frederick	2 31
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Frederick mill.	
Father's Name	Charles Edward Perkins		
Mother's Maiden Name	Mary E. O'Brien		
Name of person giving Information	(Mother) Mrs. Perkins		

CAUSES OF DEATH

93

How long

One week

Primary

Pneumonia

Immediate

Heart Failure

How long

One hour

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?



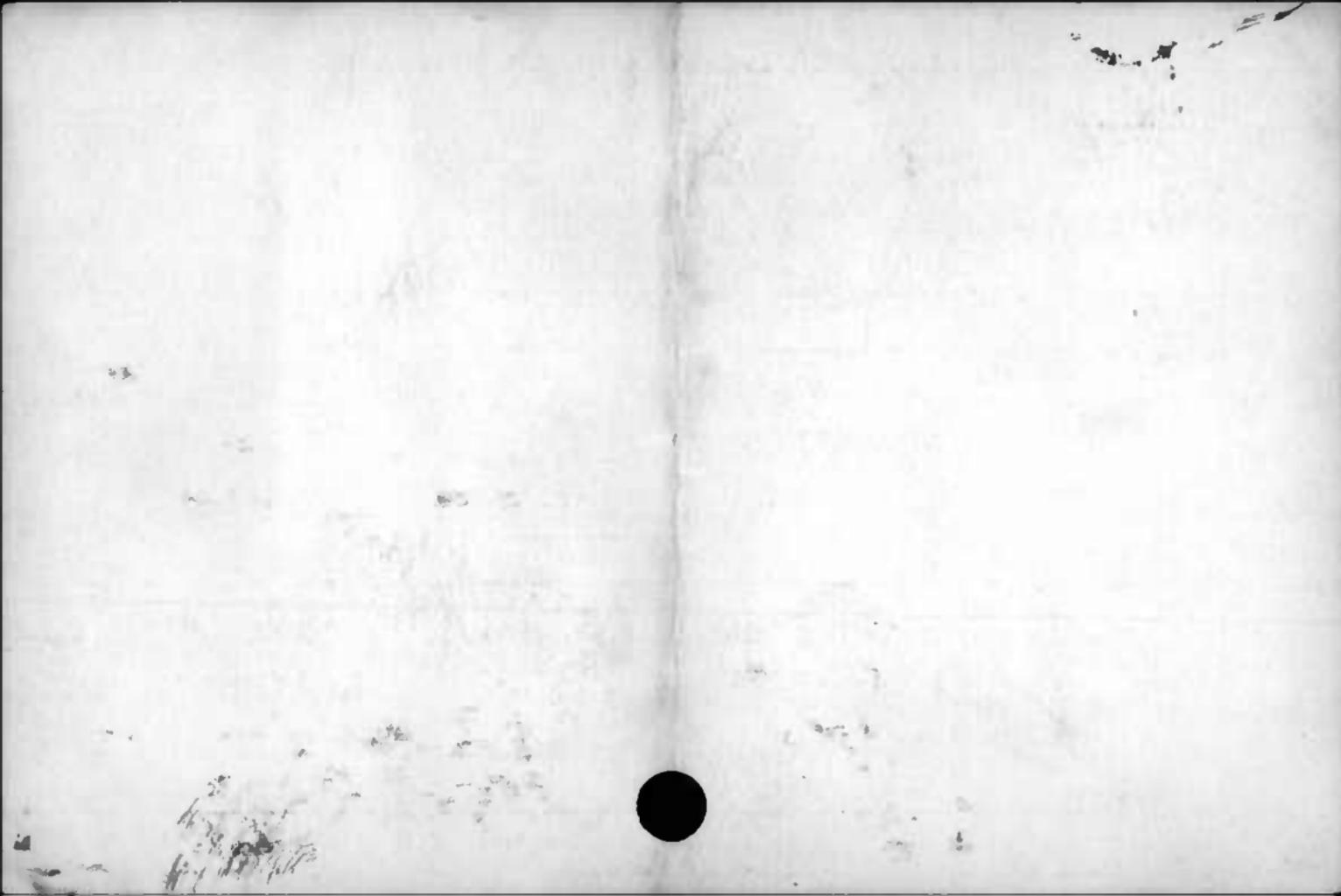
Signature of Physician

Address

Benj. C. Perry M.D.,
Urbana

MD.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Procter					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death 190	Month	Day	Years	Months	Days		
7	Sept	24	Age	1			
Sex	Female	Color or Race	Colored	Birth- place	Md		
Married, Single or Widowed	Sing	Occupation					
Name of Wife or Husband	-						
Father's Name	Unknown		Father's Birthplace	Unknown			
Mother's Maiden Name	Ruth Procter		Mother's Birthplace	Md			
Name of person giving Information	J. H. Chiswell		How related to deceased	none			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Malaria

How long

since birth

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

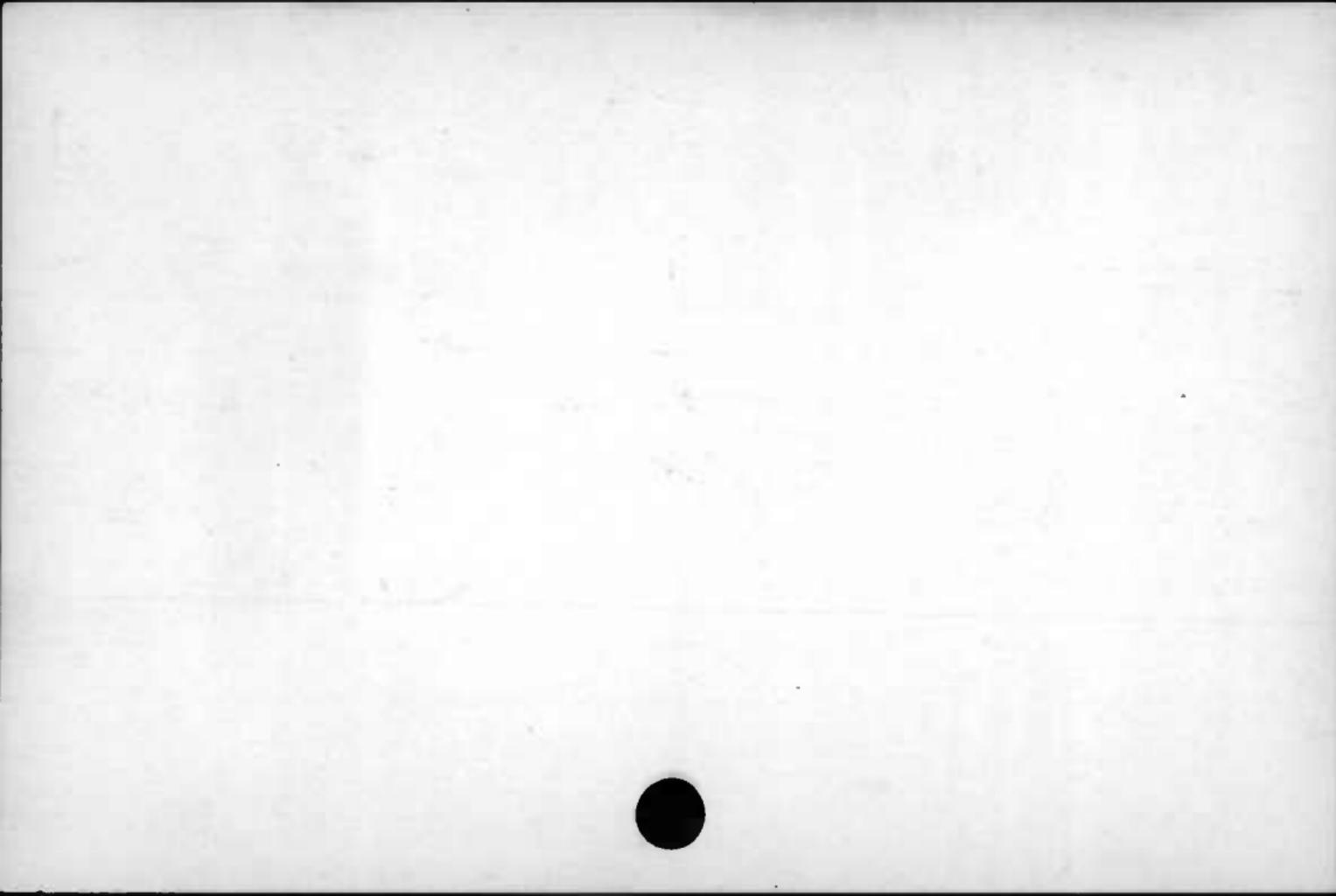
Signature of
Physician

Address

No one in attendance
T. Clyde Roulston

Buckeytown Sub P. g.

Accident or Suicide?



Name
in
Full

Mary Ellen Rinehart.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Frederick			County	Frederick		
Died at	Frederick			County	Frederick		
Date of death	Month	Day	Years	Months	Days		
1907	9	4	4	0	7		
Sex	Female			Color or Race	White		
Occupation				Where Residing if not at place of death	Home		
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Wilbert Rinehart			Father's Birthplace	Frederick		
Mother's Maiden Name	Ada. S. Boest.			Mother's Birthplace	Frederick		
Name of person giving Information	Wilbert Rinehart			How related to deceased	Father		

CAUSES OF DEATH

166

Primary
Accidental (C. R.) injuries

How long

5 min

Immediate
Clocks

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Coroner

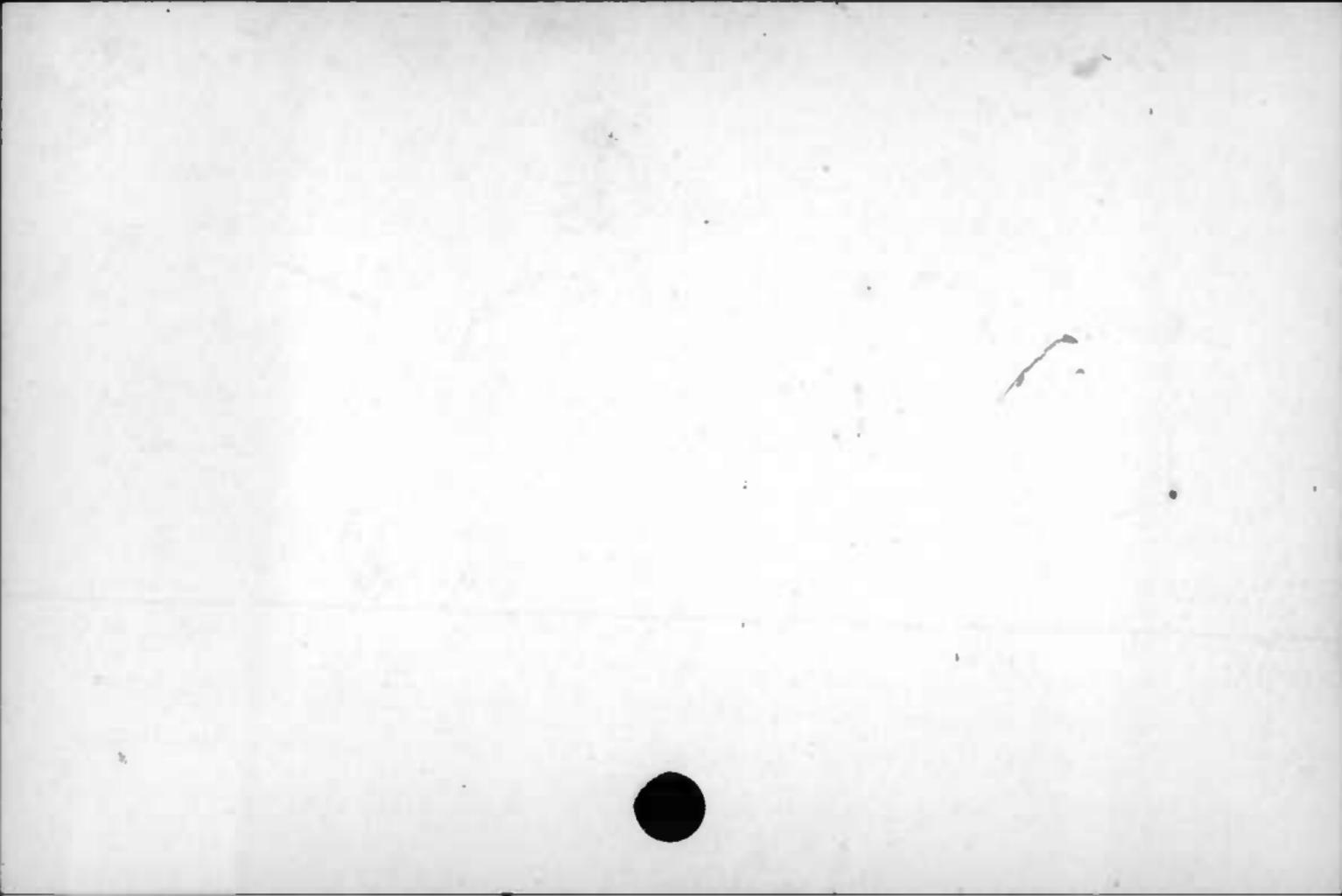
Address

Accident

Accident

John Smith,
Frederick,
Maryland.

PHYSICIAN
OR CORONER



Name
in
Full

William H. Roberts

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

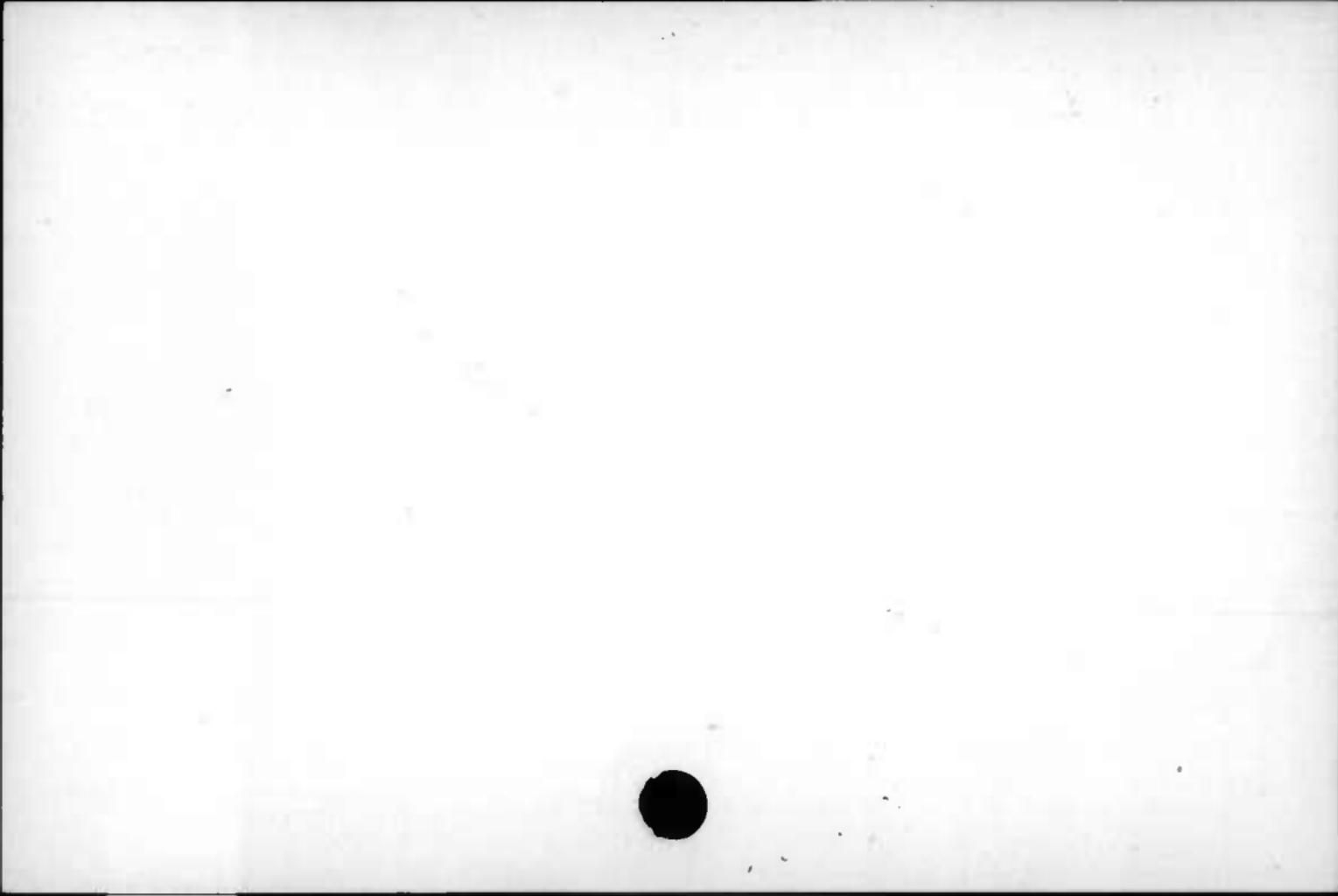
Died at	Town	County	MARYLAND		
Died at	Fredens	"			
Date of death	Month	Day	Years	Months	Days
1907	9	11	72	5	21
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	Retired Farmer			Where Residing if not at place of death	x
Married, Separated or Widowed	Name of Wife or Husband	Sarah Baill			
Father's Name	Wm. H. Roberts	Md			
Mother's Maiden Name	No records	Md			
Name of person giving Information	Mr. Roberts	Wife			

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	Intrusion of Boards	How long	36 hours
Immediate	Rupture of Bowel - Dehydration	How long	6 hours
Are the name, age, sex, color, date and place correctly given above?	Y	Signature of Physician	Chas. F. Goodwin
		Address	Fredens, Md
Accident or Suicide?	No		



Name
in
Full

William Robinson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death 1907	Month Sept	Day 19	Years 23
Age	Months	Days 10	
Sex Male	Color or Race Colored	Birth-place City - Frederick	
Occupation Laborer	Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife or Husband Anne Dorsey		
Father's Name William Robinson	Father's Birthplace Md.		
Mother's Maiden Name Laura Townsil	Mother's Birthplace Md.		
Name of person giving information Laur Jones	How related to deceased Nister		
CAUSES OF DEATH			
Primary	Pulmonary Tuberculosis.		
Immediate	In Lungs		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
Accident or Suicide?			

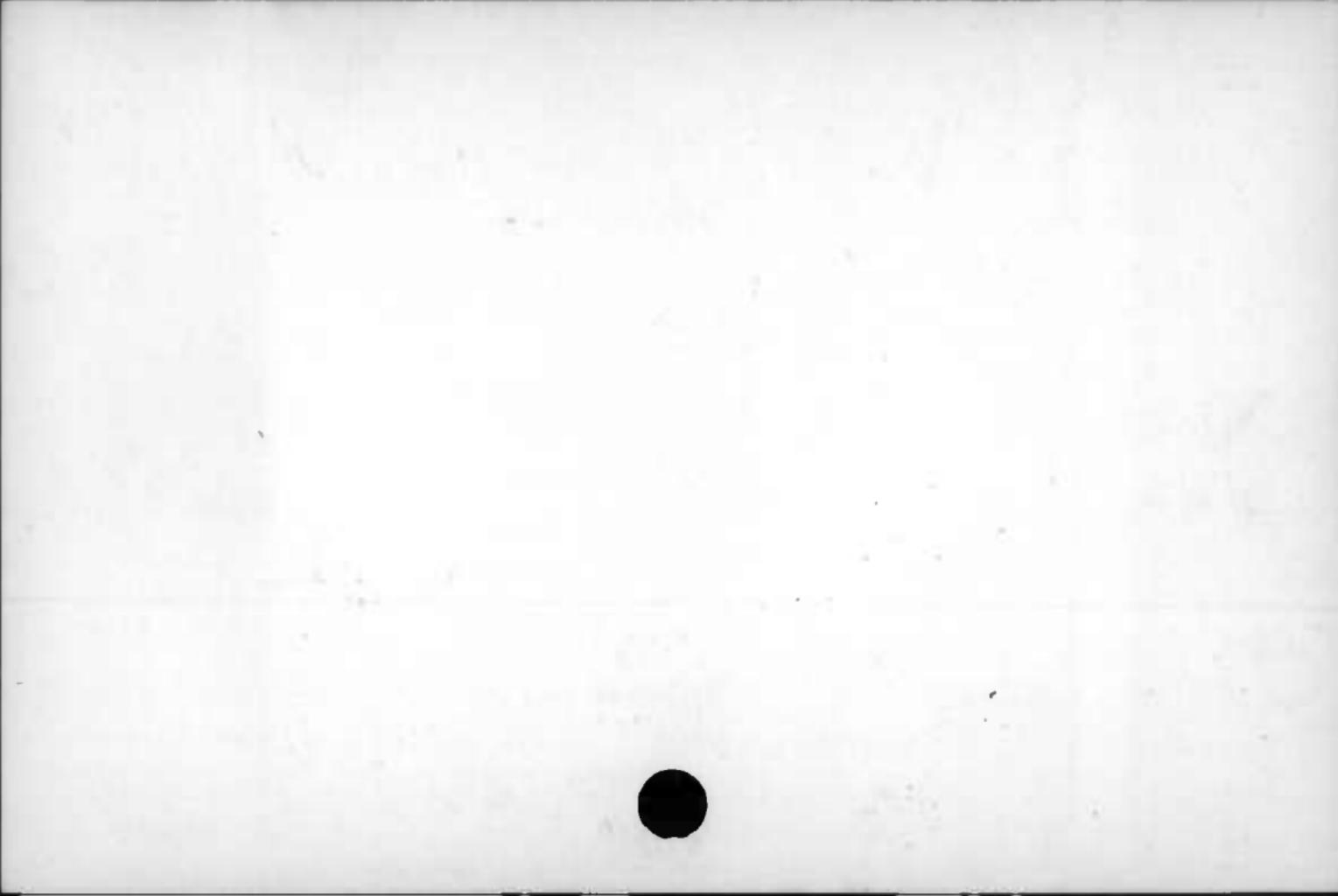
27

How long

Several months

How long

R. M. G. Bourne
Frederick, Md



Name
in
Full

Mary J. Roddy

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1907	Month Sept	Day 11	Years 67	Months 7	Days 16
Sex	Female	Color or Race	White	Birth-place	Pa	
Occupation	House Keeper		Where Residing if not at place of death	Same as above		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	John J. Roddy		Father's Birthplace	Md		
Mother's Maiden Name	Catherine Favers		Mother's Birthplace			
Name of person giving information	Miss Martha Roddy		How related to deceased	Sister		

CAUSES OF DEATH

Primary

Softening of the brain

cerebral

(63)

Hardening

How long

2 hours

Immediate

Cerebral

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Earl J Schilling

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1907	Sept	24	Age
Sex	Color or Race	Birth-place	Days
Male	White	Baltimore	2
Occupation	Where Residing if not at place of death		
X	X		
Married, Single or Widowed	Name of Wife or Husband		
X	X		
Father's Name	Frederick		
Mother's Maiden Name	Frederick		
Name of person giving information	Grand father		
Char E Tracy			

CAUSES OF DEATH

105

Primary Enteric Colitis
immediate Convulsions

How long 6 weeks
8 hours

PHYSICIAN
OR CORONER

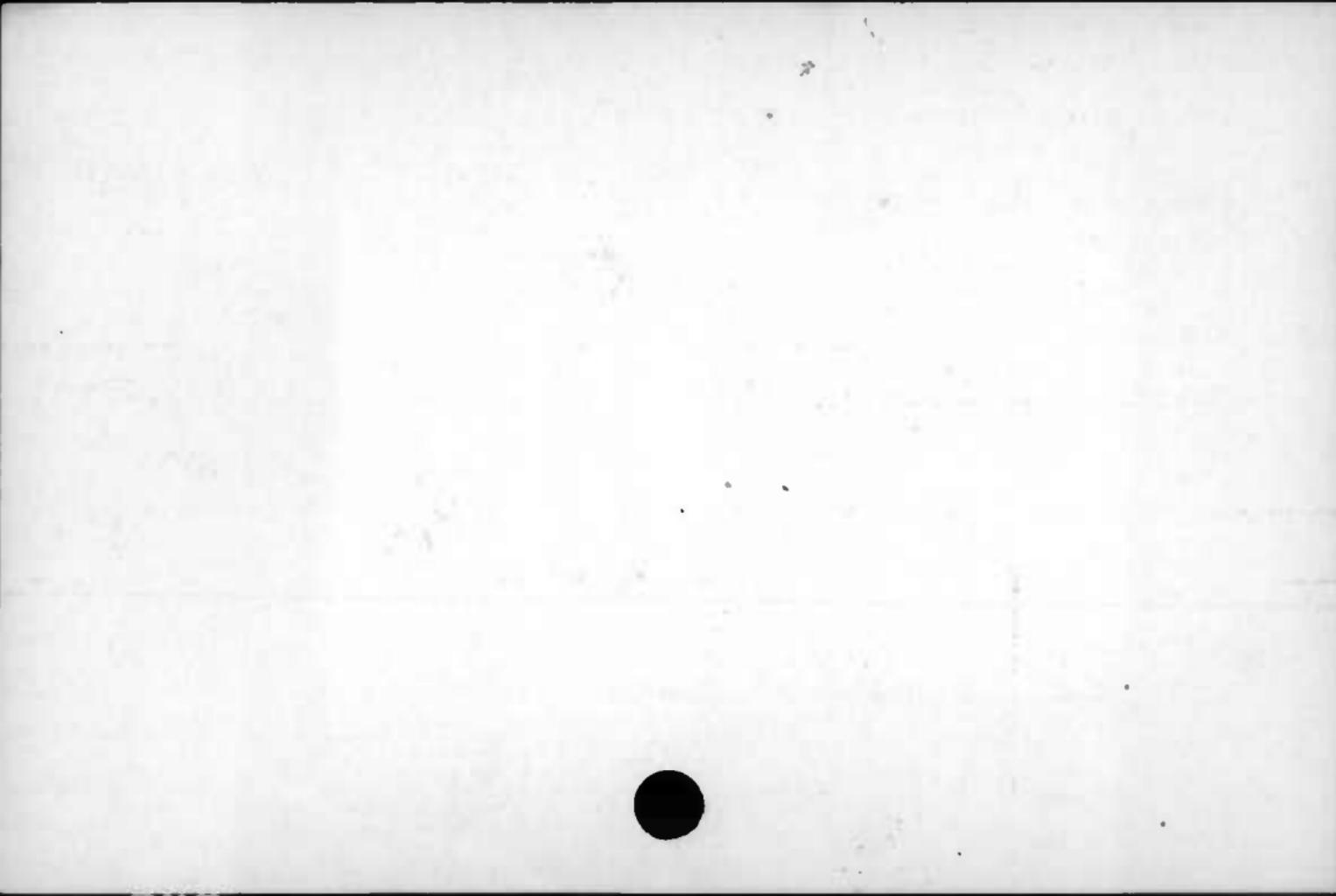
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Frank Hedges
Frederick

Accident or Suicide?



Name
in
Full

Lerry D. A. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Frederick

Town

County

MARYLAND

Date of death	Month	Day	Years	Months	Days
1907	9	28	Age 21	6	27

Sex Male

Color or Race

Black

Birth-place

Va

Occupation

Barber

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or Husband

Father's Name

William Smith

Father's Birthplace

Mother's Maiden Name

Mary Smith

Mother's Birthplace

Name of person giving
Information

Mary Smith

How related
to deceased

Mother

CAUSES OF DEATH

27

How long

1 yr
2 wks

How long

Primary

Tuberculosis

Immediate

Gastritis

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of

K.O. Dr. J.W. Brady
Address

Accident or Suicide

21. E. St.

Name
in
Full

Leroy Englar Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

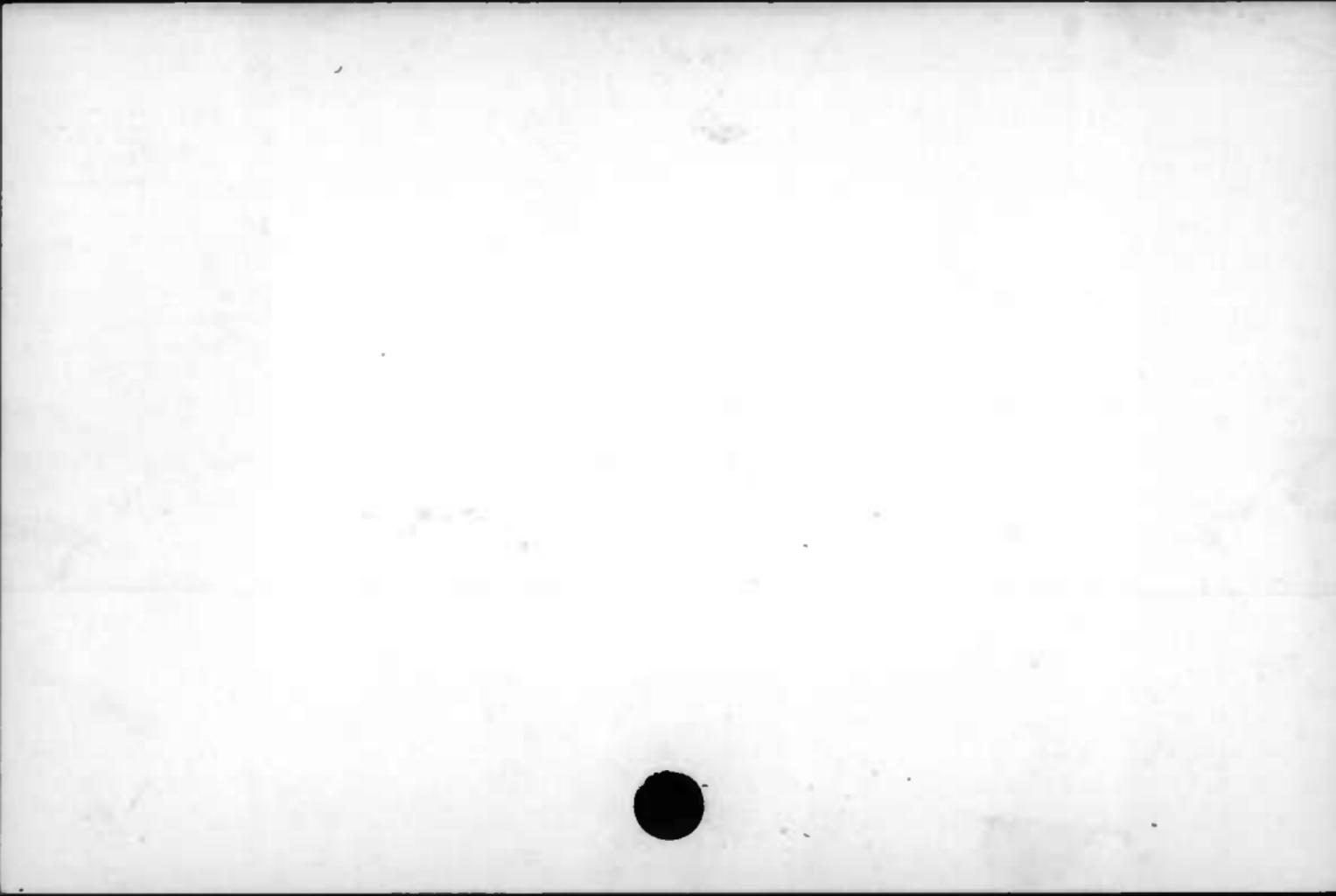
Town	County					
Died at Jfisherville	Fonda Co.					
Date of death 1907	Month Sept.	Day 10	Age	Years	Months	Days
Sex Male	Color or Race	white	Birth-place	Libertytown		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Clarence May Smith					
Mother's Maiden Name	Georgette May Smith					
Name of person giving information	Clarence M. Smith					
Father's Birthplace	Dayerville					
Mother's Birthplace	Johnsville					
How related to deceased	Father.					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Dysentery	
Immediate	Heart Failure	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		



Name
in
Full

Samuel Blaine Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Daisy Delafighter			
Father's Name	James W. Smith			Father's Birthplace	Md
Mother's Maiden Name	Margaret Hobson			Mother's Birthplace	"
Name of person giving information	Daniel Smith			How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid

(1)

How long

3 weeks

Immediate

Hemorrhage Intestinal

How long

3 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Frank Hedges
Frederick

Accident or Suicide?

Interment Sept 12, 07
" at Mt Oliveet

Thomas P. Rice,

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Patrick Tunney

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Elizabeth Harwoodale		
Father's Name	Patrick Tunney			
Mother's Maiden Name	Hattie George			
Name of person giving information	James Tunney			

CAUSES OF DEATH

26

Primary: Bronchial Tuberculosis How long: 6 mos

Immediate: Emphysema How long: 2 wks.

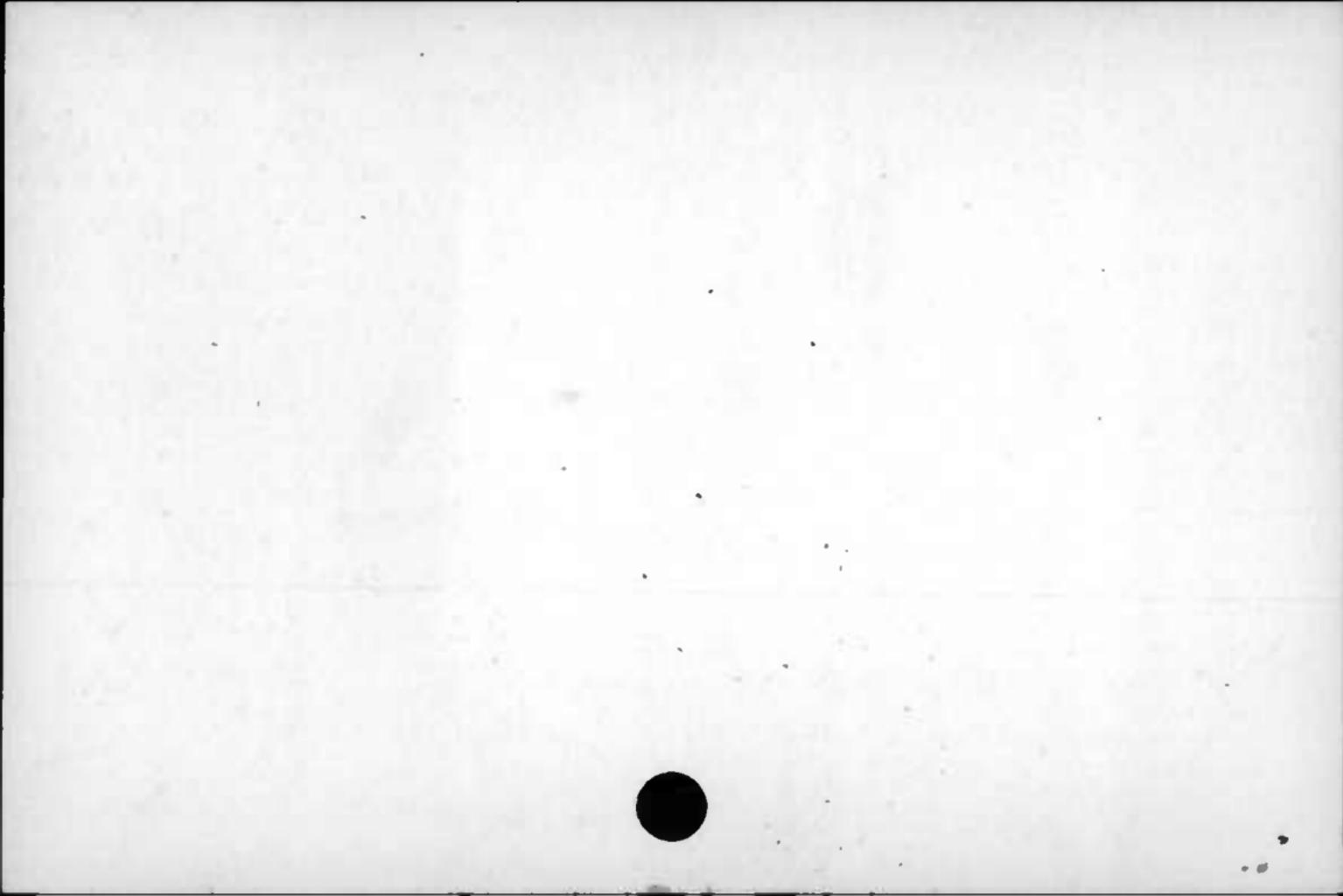
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Mr. Cudahy
Frederick

Accident or Suicide?



Name
in
Full

Ida B. Thompson, Virtz

CERTIFICATE OF DEATH

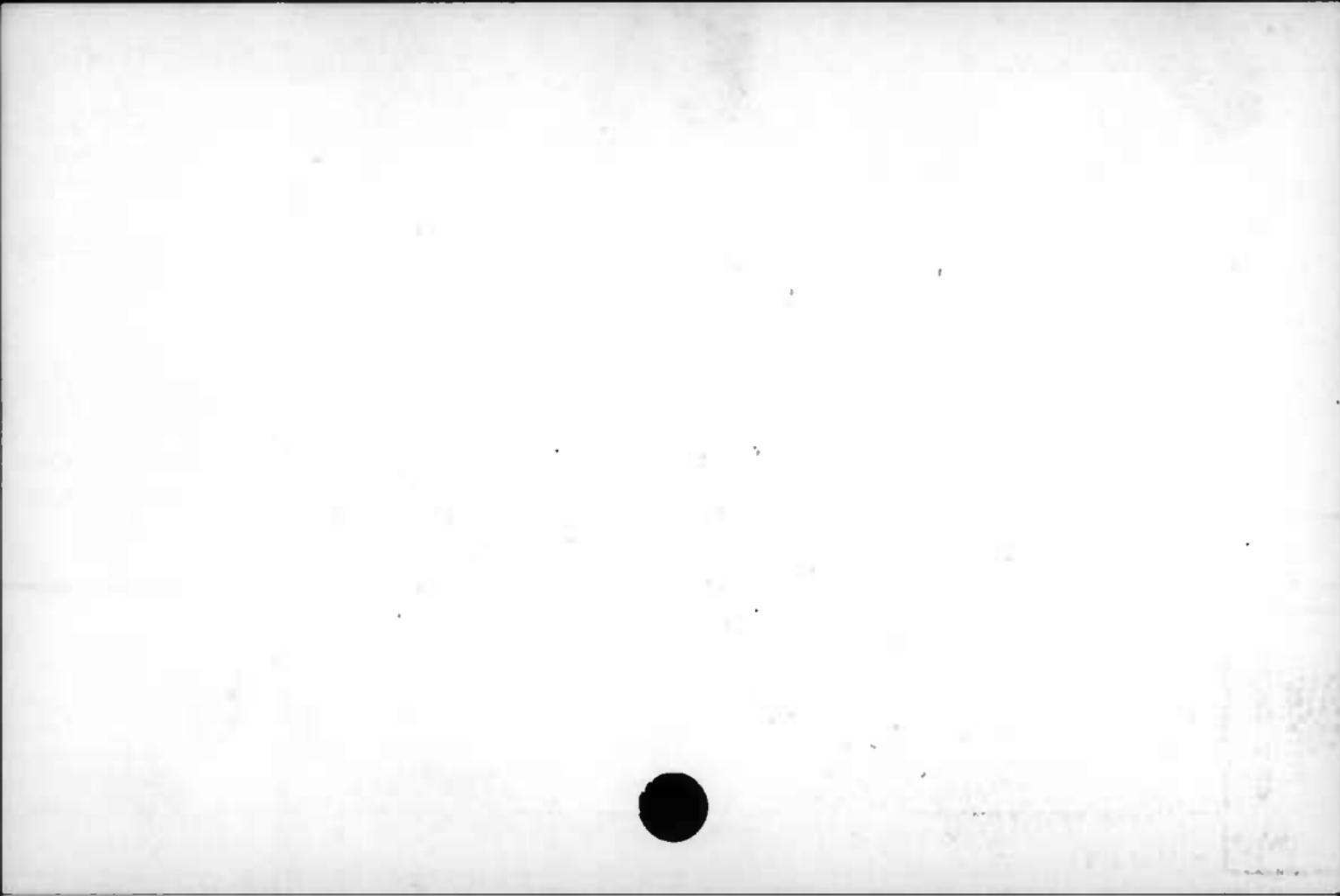
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Frederick	Do				
Date of death 1907	Month 9	Day 9	Years 46	Months 11	Days 7
Sex Female	Color or Race White	Birth-place	Frederick Co		
Occupation Housewife	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Benj J Virtz			
Father's Name	Philip Thompson	Father's Birthplace	Md		
Mother's Maiden Name	Mary Christ	Mother's Birthplace	Md		
Name of person giving information	Benj J Virtz	How related to deceased	Husband		

CAUSES OF DEATH

27

Primary	Pulmonary Tuberculosis	How long	1 year
Immediate	Exhaustion	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Thos. B. Johnson
		Address	Frederick, Md.
Accident or Suicide?			



Name
in
Full

Edward Lawrence Wagner.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County	MARYLAND	
Died at	Alex Jefferson	Age	Years
Date of death 1907	Month 9	Day 10	Years —
Sex Male	Color or Race White	Months 8	Days 6
Occupation	Where Residing if not at place of death	Birth-place Alex Jefferson	
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	William L. Wagner	Father's Birthplace	Baltimore
Mother's Maiden Name	Lilian M. Keplinger	Mother's Birthplace	Middleton
Name of person giving information	Lilian M. Wagner	How related to deceased	Mother.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Nephritis

How long

Immediate

coma

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

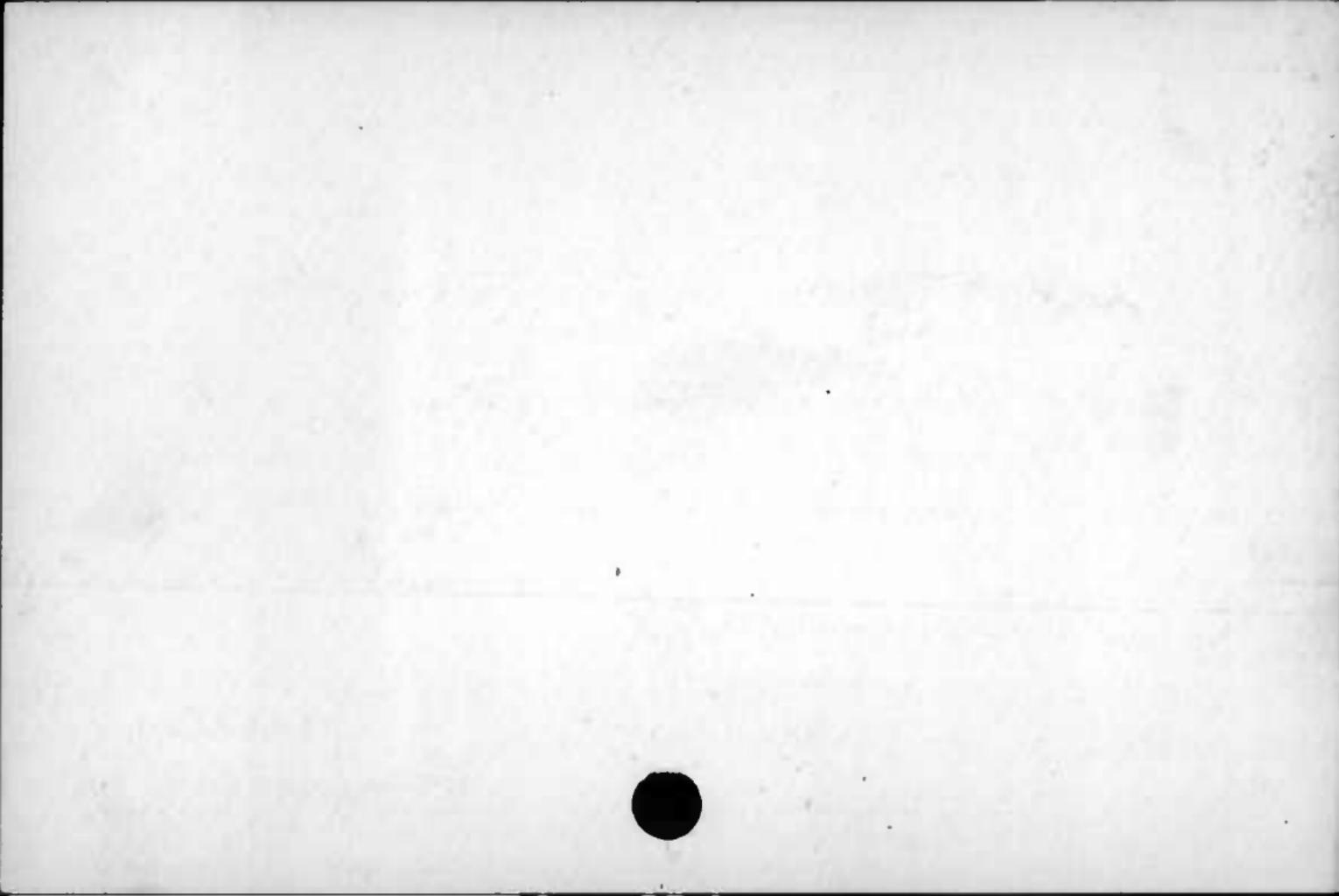
H. P. Phamney

Address

Baltimore

Accident or Suicide?

Yes



Name
in
Full

Layra Ellyn Waters

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Maryville	Indiana				
Date of death	Month	Day	Years	Months	Days
1907 Sept.	13		53	8	7
Sex	Color or Race	Birth-place			
Female	White	Near Maryville			
Occupation	Where Residing if not at place of death				
Hornet keeper.	Near Maryville				
Married, Single or Widowed	Name of Wife Husband	Father's Birthplace	Elister		
Married	Jane K. Waters				
Father's Name	Mother's Birthplace				
Peter Leathman	Middleton				
Mother's Maiden Name	How related to deceased				
Julian Bonney	Husband.				
Name of person giving Information					
Jane K. Waters					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Phthisis Pulmonalis

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

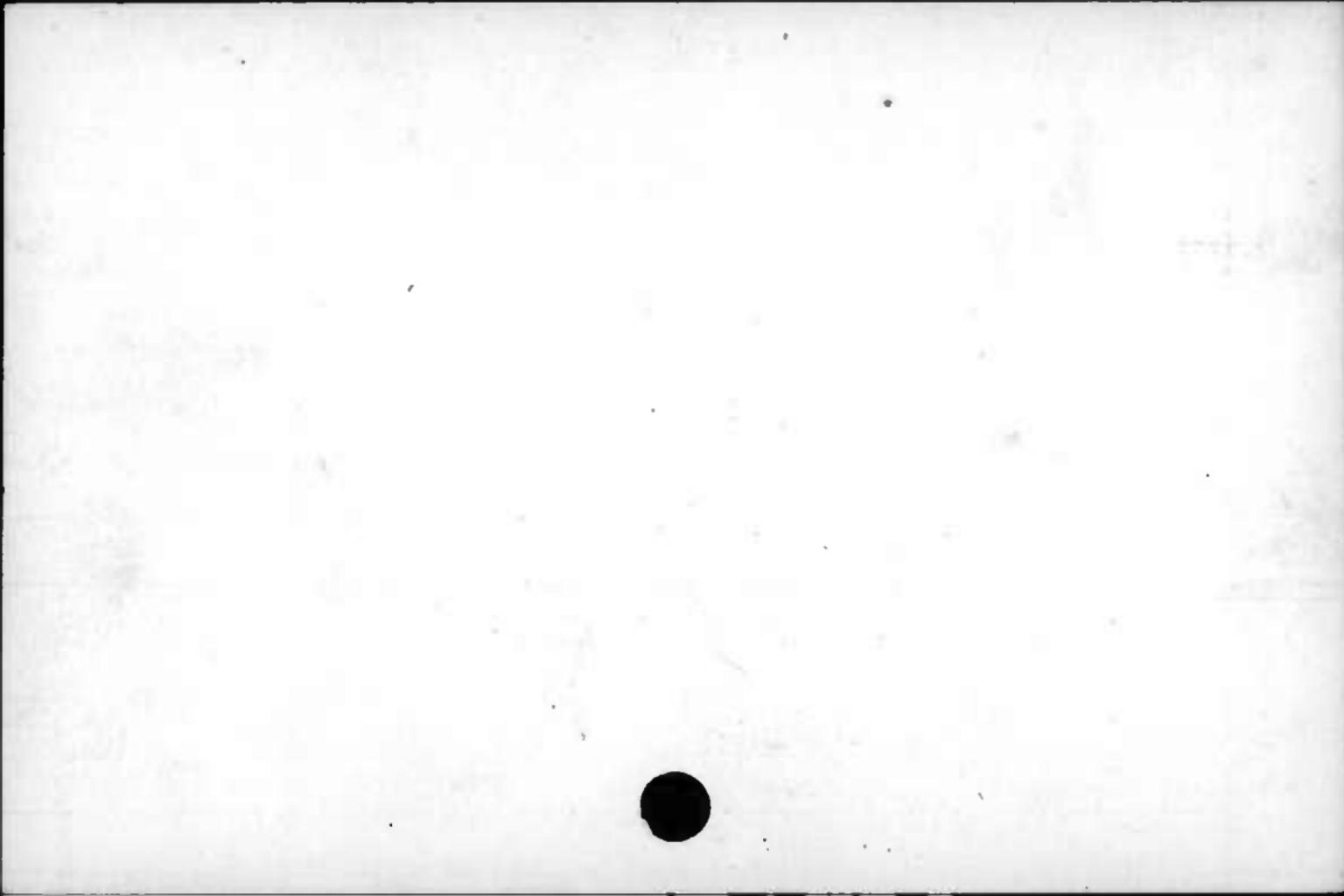
W.C. Wheeler

Address

Beechwood

Washington Co.

Accident or Suicide?



Name
in
Full

Henry Adolphus Weader

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Mountville		Fred.			
Date of death	Month	Day	Years	Months	Days
1907	Sept	5	80	-	-
Sex	Color or Race	Birth-place			
Male	Negro	MD			
Occupation	Where Residing if not at place of death				
Teamster	Same				
Married, Single or Widowed	Name of Wife or Husband				
Married	Mary Jane Toly				
Father's Name	Father's Birthplace				
Unknown	Unknown				
Mother's Maiden Name	Mother's Birthplace				
Unknown	Unknown				
Name of person giving information	How related to deceased				
M. R. Eletusin	None				

CAUSES OF DEATH

154

How long

How long

PHYSICIAN
OR CORONER

Primary

Senile Debility

Immediate

Are the name, age, sex, color, date and place correctly given above?

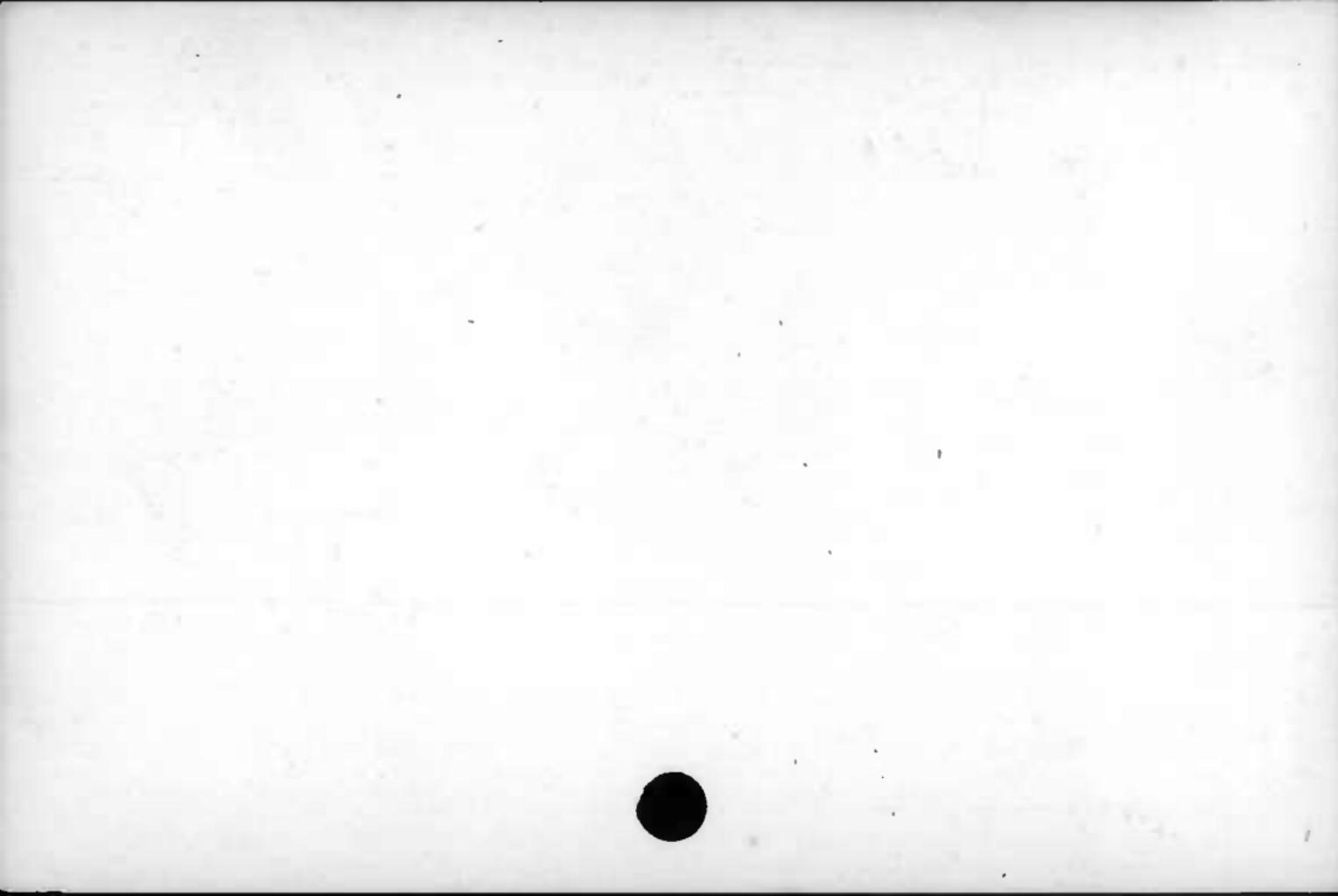
Yes

Signature of Physician

Address

T. Clyde Routsin
Buckeytown

Accident or Suicide?



Name
in
Full

Jerome Wilcom

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town Died at		County					
Ruis Mills	Frederick	MARYLAND					
Date of death	Month	Day	Years	Months	Days		
1901	9th	24	78	—	12		
Sex	Color or Race	Where Residing if not at place of death					
Male	White	Ruis Mills					
Occupation							
Farmer							
Married, Single or Widowed	Name of Wife or Husband						
married	Emmy Wilcom						
Father's Name							
John Wilcom							
Mother's Maiden Name							
Susana Synth							
Name of person giving Information							
Jacob Wilcom							

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

General debility

How long

Six months

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

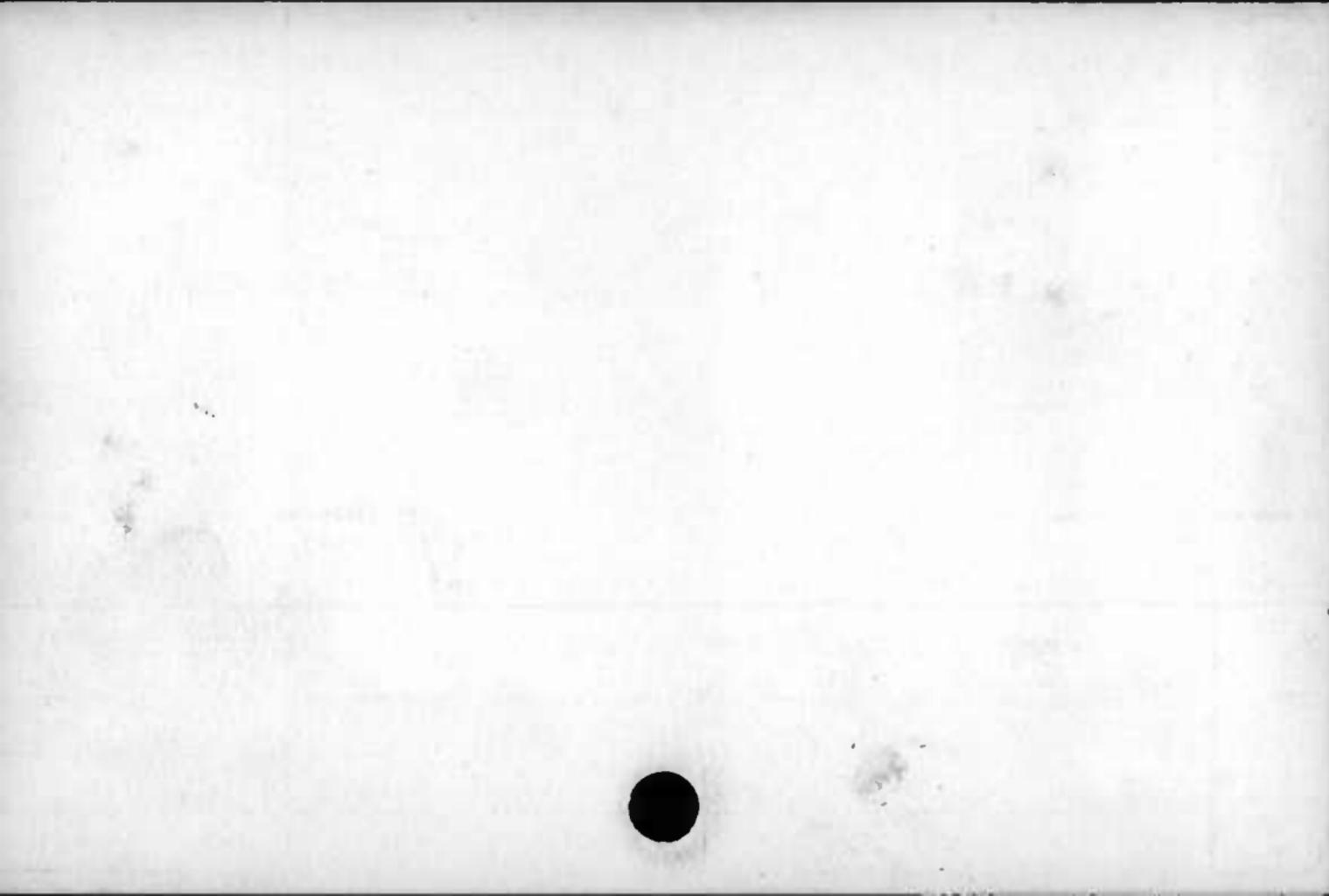
Benj. C. Perry M.D.

Address

urbana

MD.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

James L. Wilson						CERTIFICATE OF DEATH	
Died at	Town				County		
Died at	Plane 4				Frederick	MARYLAND	
Date of death	1907	Month Sept	Day 3	Age	Years	Months	Days
Sex	Male	Color or Race	white American			Birth-place	Plane 4
Occupation	Infaust			Where Residing if not at place of death			
Married, Single or Widowed	—			Plane 4			
Father's Name	John L. Wilson			Frederick County			
Mother's Maiden Name	Fannie S. McCubbin			Baltimore City			
Name of person giving information	John L. Wilson			Father			

CAUSES OF DEATH

(8)

Primary

whooping Cough

How long

3 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

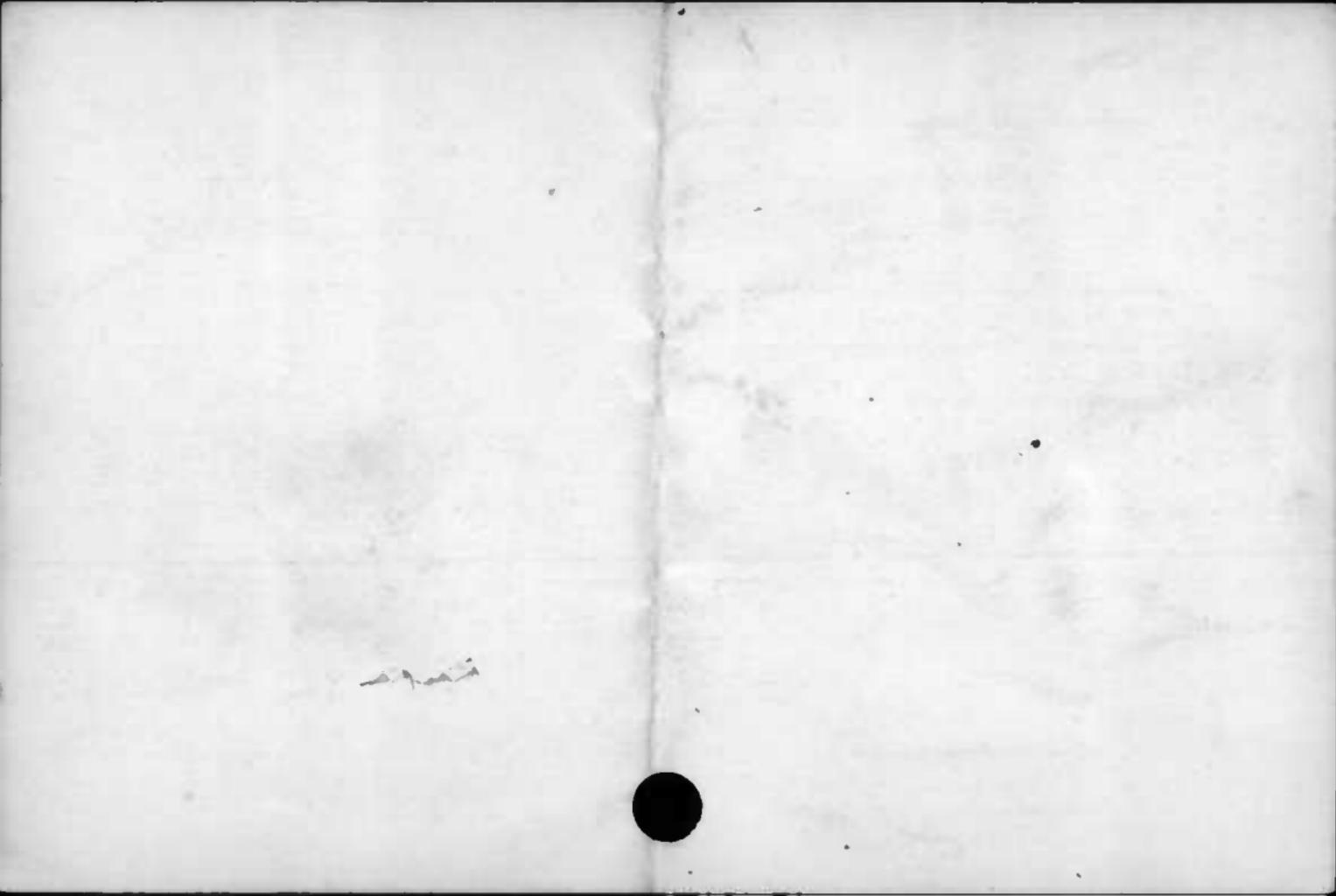
Signature of Physician

Address

J.E. Bromwell
Mt. airy
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

William Winebrenner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place		
Occupation	Infant	Where Residing if not at place of death		as above		
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace	Md	
Father's Name	William N. Winebrenner			Mother's Birthplace	Md	
Mother's Maiden Name	Laura V. Mifler			How related to deceased	Father	
Name of person giving information	William N. Winebrenner					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Gastro-enteritis

Three days

Immediate

Convulsions

Twelve hrs.

Are the name, age, sex, color, date and place correctly given above?

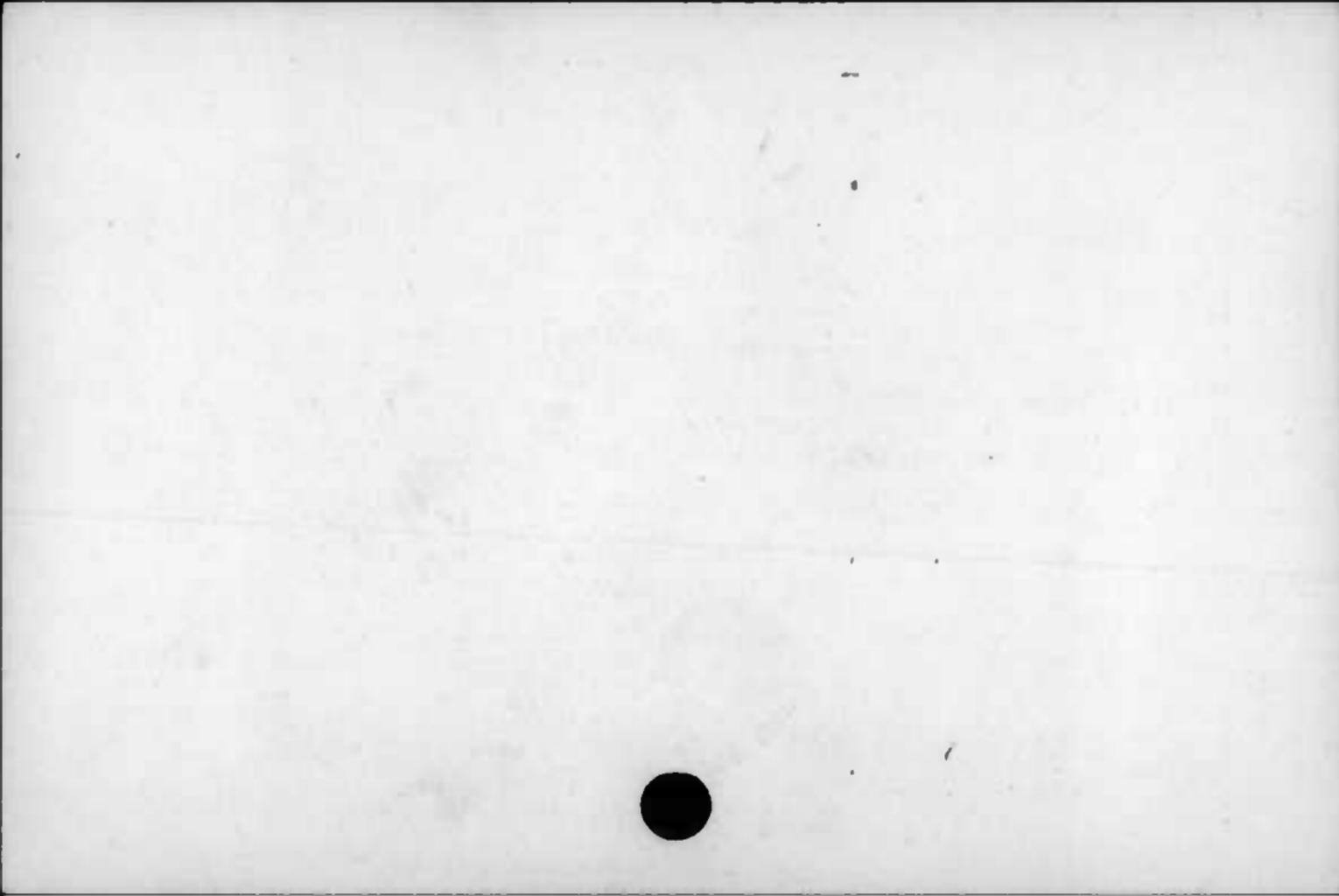
Yes

Signature of Physician

Address

B. J. Garrison
Emmitsburg
Md.

Accident or Suicide?



Name
in
Full

William Henry Zimmerman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Frederick	Frederick			
Date of death	Month	Day	Years	Months	Days
1907	9	16	81	5	9
Sex	N male	Color or Race	White	Birth-place	Frederick Co Md
Occupation	Grocer	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah A Dousie	Father's Birthplace	Pa
Father's Name	Geo Zimmerman				
Mother's Maiden Name	Braner	Father's Birthplace	Frederick Co Md		
Name of person giving Information	George H Zimmerman	Mother's Birthplace	How related to deceased		
		Son			

CAUSES OF DEATH

64

How long

5 years

How long

4 days

PHYSICIAN
OR CORONER

Primary

Arterio Sclerosis

Immediate

Cerebral Hemorrhage

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Thos. B. Johnson

Address

Frederick, Md.

Accident or Suicide?

M O G a m u t r y

S p t 17 -

6 6 . 6 . 7 0

Name
in
Full

Rebecca Jurgable
~~Emmitsburg Frederick~~

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	George Jurgable			
Father's Name	Samuel Brown Maryland				
Mother's Maiden Name	Elijah Myers Maryland				
Name of person giving Information	George Jurgable Husband				

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary

Inflammatory Pneumonia five months
Endocarditis three weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. J. Lamison
Emmitsburg
Md.

Accident or Suicide?

